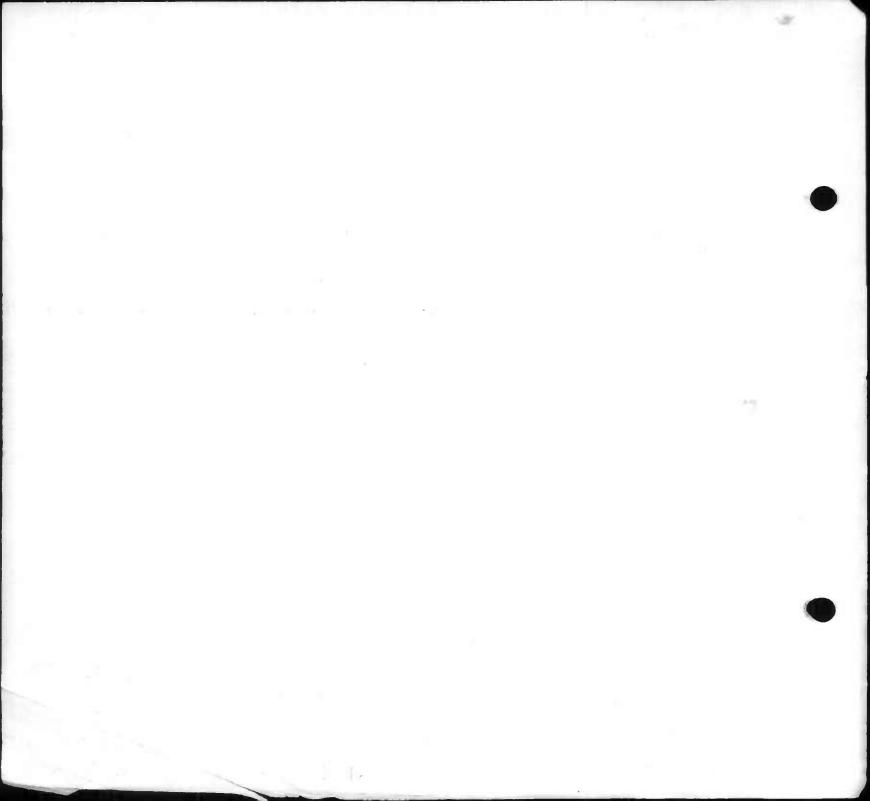
CERTIFICATE OF DEATH  REG. NO. 74 8501  REG. NO. 7
Type of Photol CHRISTIAN MLS ELLA B. SEA AND HOUR OF BEATH  3. PLACE IN BALTIMORE, MARKLAND, WHERE PRONOUNCED DEAD  A STATE RESIDENCE (Where doceased lived, if institutions residence before admission)  A STATE RECOUNTY  ADDRESS OR LOCATION)  A STATE RECOUNTY  A COUNTY  A COUNTY  YES NO  C.CITLORTOWN  D. INSIDE CITY LIMITS?  YES NO  C.CITLORTOWN  C.CITLORTOWN  C.CITLORTOWN  D. INSIDE CITY LIMITS?  YES NO  C.CITLORTOWN  C.CITLORTOWN  D. INSIDE CITY LIMITS?  YES NO  C.CITLORTOWN  A STATE RECOUNTY  YES NO  C.CITLORTOWN  D. INSIDE CITY LIMITS?  YES NO  L. STREET AND NUMBER  TO J. ADE (In years lind of working life, aveg it relired)  DIVORCED  DIVORCED  DIVORCED  DIVORCED  T. MARRIED  No  DIVORCED  DIVORCED  T. MARRIED  No  DIVORCED  T. MARRIED  No  No  No  No  No  No  No  No  No  N
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  HOSPITAL OR ADDRESS OR LOCATION)  GEN. HOSPITAL OR INSTITUTION, GIVE STREET  C.CITY OR TOWN  C.CITY OR TOWN
FULL NAME OF HOSPITAL OR IN HOSPITAL OR INSTITUTION, GIVE STREET    C. CITY OR TOWN
SEX   G. RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   9. AGE (In years Months) Doys Hours Min., Months Doys Hours
TOOL GRUEFOLD AVE.
MARKIED   NEVER MARKIED   2.3.13   State the years of the policy of the birth years   Months Doys   Hours   Min., working life, even it retired)   2.3.13   State they year of the policy   Months Doys   Hours   Months Doys   Hours   Months Doys   Months D
MARKIED   NEVER MARKIED   2.3.13   State the years of the policy of the birth years   Months Doys   Hours   Min., working life, even it retired)   2.3.13   State they year of the policy   Months Doys   Hours   Months Doys   Hours   Months Doys   Months D
DIVORCED DI DIVORCED DI DIVORCED DI DIVORCED DI DIVORCED DI DIVORCED DI DIV
14. MOTHER'S MAIDEN NAME   PETER Me CAIN   14. MOTHER'S MAIDEN NAME   PETER Me CAIN   15. Wee Deceased Ever in U. S. Armed Forces? Security No. 25-6/-1636   HERMAN CHRISTIAN 1701 GUILI-ORD F.   18.
LATGOREA.  3. FATHER'S NAME  PETER MC CAIN  5. Wee Deceased Ever In U. S. Armed Forcos?  Tos, no or unknown! (If yos, give wor or dotos of service)  NO  16. SOCIAL SECURITY NO.  25-61-1636  HERMAN CHRISTIAN 1701 GUILTORD FOR ASSET OF DEATH  CAUSE OF DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  (B) DUE TO, OR AS A CONSEQUENCE OF:  (B) DUE TO, OR AS A CONSEQUENCE OF:
PETER MC CAIN  5. Wee Deceased Ever in U. S. Armed Forcos? fos, no or unknown) (III yos, give wor or dotes of service)  10. SOCIAL SECURITY NO.  11. INFORMANT SECURITY NO.  12. SOCIAL SECURITY NO.  12. SOCIAL SECURITY NO.  12. SOCIAL SECURITY NO.  13. INFORMANT SECURITY NO.  14. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heort failure, asthenic, etc., It meens the disease, injury or complication which coused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the  HADENDATE CONDITIONS, at ony, giving rise to the obove couse (A) stoling the
S. Wee Deceased Ever In U. S. Armed Forcos? Yos, no or unknown) Illi yos, give wor or dotos of service)  18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenic, etc. It meens the disease, injury or complication which coused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the  NETWORK AS A CONSEQUENCE OF:  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  (B)  ARCHNOMA  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
SECURITY NO.  18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heert failure, asthenic, etc. It meens the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the HADENEY WAS CONSEQUENCE OF:  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the HADENEY WAS CONSEQUENCE OF:  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the HADENEY WAY CONDITIONS.
(A) MMEDIAIE CAUSE  (A) MMEDIAIE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  (B) ARCHNOMA CONSEQUENCE OF:  (B) DUE TO, OR AS A CONSEQUENCE OF:
injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the Conditions of the course (A) stating the course (B) CARCINOTA CONSEQUENCE OF:
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the
DISEASES OR CONDITIONS, if ony, giving is to the obove couse (A) stoling the
ise to the obove couse (A) stoling the
CC)
OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 120A AUTORSYSTEE OF NAIL 208 IN VEST SUPPLIES
100 / (//) CA-650 / MAG 65.
OP CONTRIBUTING CONTRIBUTION OF THE BOILD OF
DEATH (notify modical examiner) etc.)
21D. TIME (Month) (Doy) (Yeen) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.)  While At Not While Work  Not While At Not Work
22. I certify that (I) (this hospital) attended the deceased from \$25. 197/ to 7. 9. 197/
that (1) (we) last saw the deceased alive on
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE
In paralla In Degree Phys. Med. Director Phys. Director Phys. Director Phys.
NAME (Type)
If 5. MANGANA7H Hed and Md. Gen. Horp. (Sent to Md 2120)
BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)  BURIAL PROVIDE PARTIES OF CREMATORY BALTIHORE, MARYLAND
SEP 10 1971 June 2 258 NAME OF DENSTRAR 25G, FUNERAL DIRECTOR, RICE 661 W. BARRES ST
S 150-REV. 1/1/68



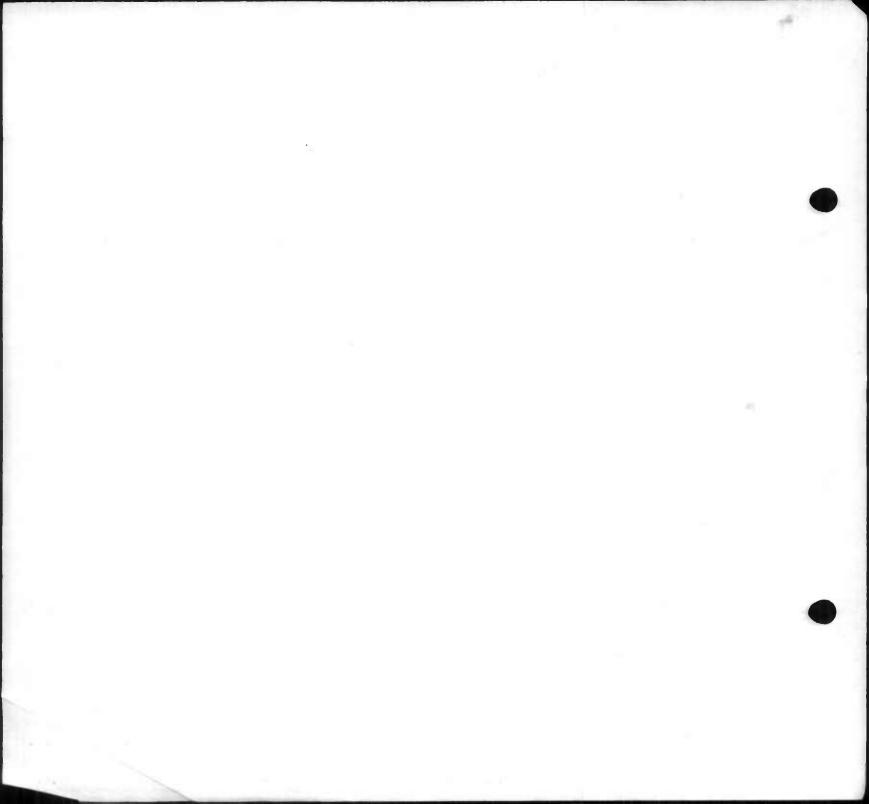
#### IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death certificate must be ap

BALTIMORE	CITY	HEALTH.	DEPART	MEN
PUCLIMICHE		THAT	DELWKI	MEN

REG.	NO. 7	1	8	50	2

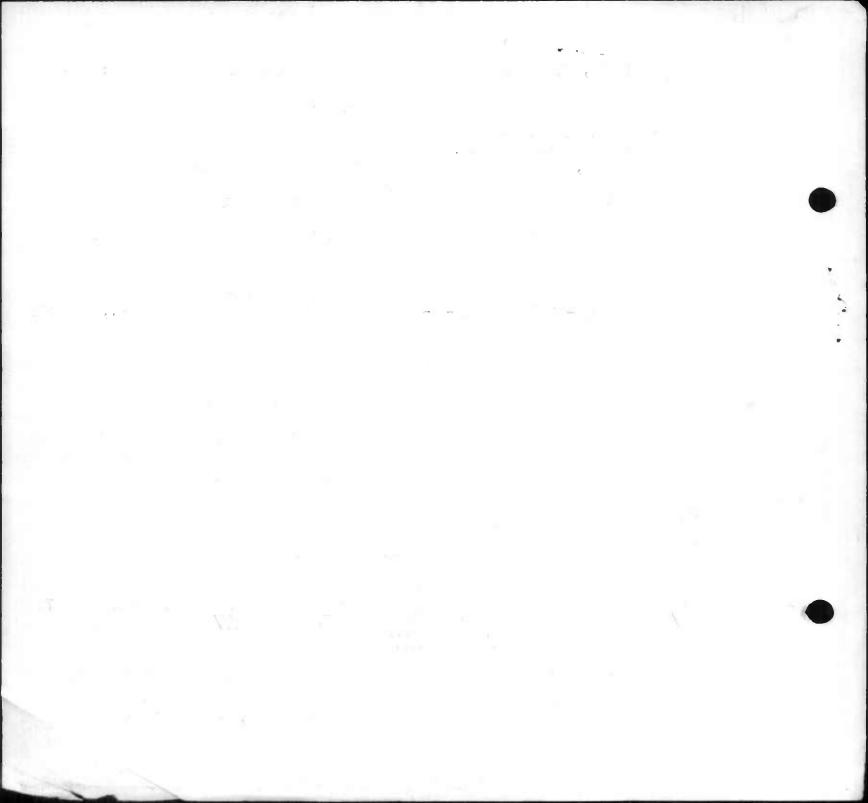
BIRTH NO.	8502		CERTIFICA	TE OF DEATH	REG. NO.	1 8502			
1. NAME OF DEC (Type or Print)		55			AND HOUR OF DEATH	1			
3. PLACE IN RAL	TIMORE MARYLAND, WHE	7.), —	Water Bran		2.71-315,				
	WIND WAREARD, WITE	KE PRONOI	UNCED DEAD	A. STATE B. COU	NTY deceased lived. Il in	stitution: sesidence before admission			
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCATIO	OR INSTITU	JTION, GIVE STREET	Maryland  C.CITY OR TOWN   D. INSIDE CITY LIMITS?					
-51x10	1 HOSNITAL	OF B	DITIMBE	Baltimore		YES X NO			
42	HOSPITAL IN	10	7 4 7 1 190 100	E. STREET AND NUMBER	UEGO AVE;	21215			
	6. RACE 7.	MARRIED [	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years				
	NEGRO W	/IDOWED	DIVORCED	1-22-29	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.			
done during most of w	vorking life, even if retired)	WIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY			
Laborer				Morven, N.C.		U.S.A.			
13. FATHER'S NAM	A E			14. MOTHER'S MAIDEN NA	ME				
Lester Di				Clara Diggs					
Yes, no or unknown)	Ever in U. S. Armed Forces?	service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
No			244-34-0967	Haizlip Funera	al Hemo				
18. [ 7]	A .		CAUSE OF DEATH		al nome				
DISEAS	E OR CONDITION DIRECT		(A)IMMEDIATE CAU	HEARTIC C	OMA. RENAL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
neon tollute, o	ol mean the mode of dyi asthenia, etc. It means the olication which caused dea	disease.	DUE TO, OR AS	A CONSEQUENCE OF:					
	NTECEDENT CAUSES		*	Atio of Tille	1.71-2				
DISEASES OF	R CONDITIONS, il any,	aivina	(B) CICLY	A CONSEQUENCE OF:	LIVER	16 Y			
rise to the	obave couse (A) sto	ling the		NIC ALCOHOL		20 y			
OTHER SIGNIFIC TO THE DEATH ODISEASE OF CO	ANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS THE TENDERS OF THE TEND	RMINAL	***************************************						
I I I I I I I I I I I I I I I I I I I	OPERATION 198 CONDITION WAS PERFORM	ON FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE F	INDINGS CONSIDERED			
. OR CONTRIBUT	TWAS UNDERLYING THE TRANSPORT CAUSE OF medical examined	21 B. J home	LACE OF (NJURY (e.g., in larm, loctory, street, off	or obout 21 C. WHERE DID	(II In Boltimore	City, give exact location)			
21D.TIME	(Month) (Doy) (Year) (H	oud  215	NJURY OCCURRED						
OF INJURY (APPROX.)	(00), (100), (11		At   Not While	21F. HOW D(D (N	IURY OCCUR?				
22. I certify t	hot (I) (this hospital) at	ended the	deceased from	7 20	19 7/ ta 9	- + 10 -11			
	ast saw the deceased al			~ /	7	19			
and have and	fram the couses stated c			ew the bady after death.	iot in(my) (aur) apin	an death accurred on the dote			
23A. SIGNATUR	E /-7		1	,		23B, DATE SIGNED			
	U/UTIERREZ	M		ding Med.	Staff Phys.	977/			
23C. PHYSICIAN NAME (Typ	's /	- 4	DEGREE Phys.	3D. ADDRESS	Phys.	7 7/			
NAME HYP		ECA	. 1						
4A. BURIAL CREM	ATION, 24B, DATE		DEGREE			BALTIMOIRE INC			
AA. BURIAL CREM REMOVAL (Sp	ecily)		ME OF CEMETERY OF CREA	MATORY 24D. L		, town, or county) (State)			
Burial	9-11-71		Olivet			omasville, N.C.			
5A. DATE REC'D B		1 1	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
SF	P10 1971 R	3 & Best	Jaber KB.	Raizlip Fun	eral Home				
S 150-REV. 1/1/68				- F - W.		N.C			



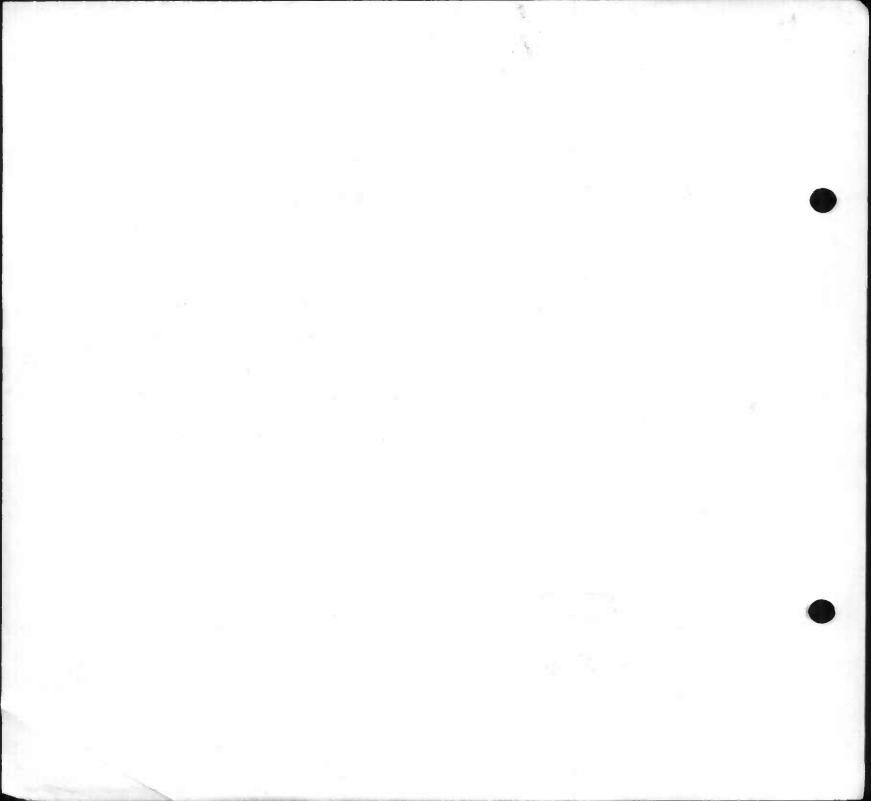
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hornital favour where the absentance of any kind; (4) Undetermined cause; (5) Deceased BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	8503
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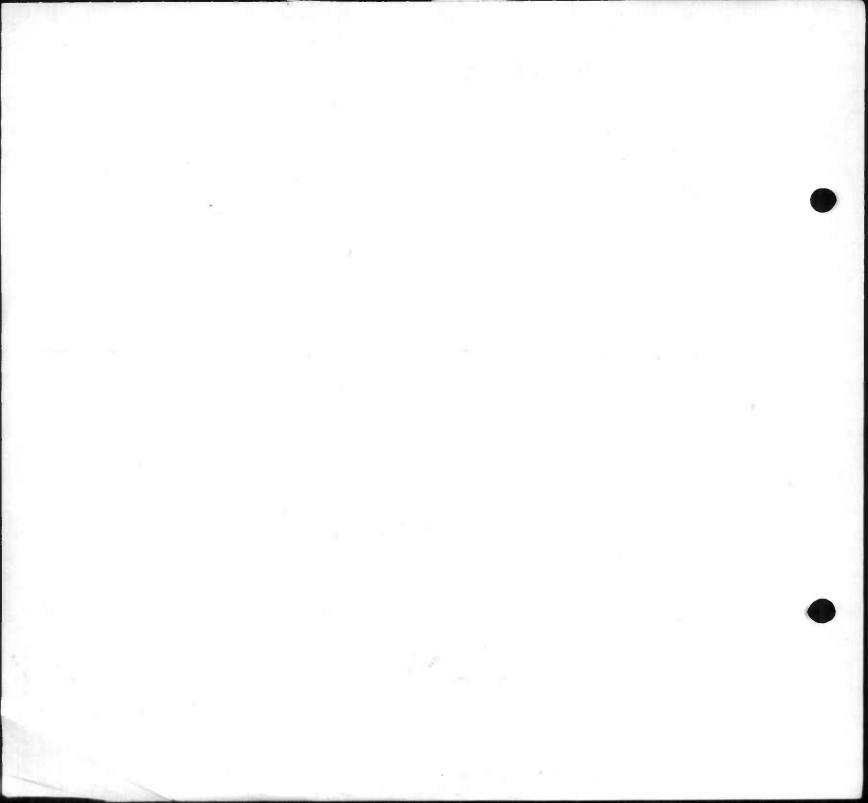
such	- L 00-	ATE OF DEATH REG. NO. 7/4	8503				
	CUTLER, Ely Moses	2. DATE AND HOUR OF DEATH	8:25 A				
death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If insti	M				
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland	402				
to to	Veterans Administration Hospital	0. 11 0101	E CITY LIMITS? YES TO NO				
prior	3900 Loch Raven Boulevard	E. STREET AND NUMBER	110				
0 0	Baltimore, Maryland 21218	3900 Loch Raven Boulevard					
	MAKKIED MEVER MAKKIED K	leost Diringoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
F 0	Male White WIDOWED DIVORCED DI	10/21/89 81	12. CITIZEN OF WHAT COUNTRY?				
dec	done during most of working life, even if refired)	Russia	USA				
was in the decision	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
eath e on al di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or doles of service)  SECURITY NO.	17 VA Hospital Records	ADDRESS				
fin	YES 7/23/18 - 11/14/18 212-54-30861	3900 Loch Raven Boulevard Balto., Md 21218					
he physician who pronounce sician was in regular attend the remains are embalmed or	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the property of the complete of the com	USE CEREBRAL ANOXIA  A CONSEQUENCE OF:  MONARY INSUFFICIEN  S A CONSEQUENCE OF:  BAR PNEUMONIA  PRITAL FRATURE LEFT FEI  TED HIP PROSTHESIS	9 DAYS MUR 21 DAYS				
o phys	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, (arm, (octory, street, octory, street, octory))	2/3	City, give exact location)				
(except wh and (6) No obtained b	21D. TIME (Month) (Doy) (Yeor) (Haur) 21E INJURY OCCURRED  OF INJURY (APPROX.) 7 - 2 3 - 7 / While At Work At Work	21F. HOW DID INJURY OCCUR?	1 -1 ')				
and	22. 1 certify that (1) (this hospital) attended the deceased from Ju	1961 800 000116	t 26th 10 71				
	that () (we) last sow the deceased alive an August 26th	1 19 71 ond that in (ny) (our) opinion	on death occurred on the date				
ospita death must b	and haur and from the causes stated above. (1) (We) (did) (414/16)	view the bady ofter death.					
- 0-	Phy	ending Med. Staff (22)	8/26/7/				
prior	ALLAN W. MARCH	3900 Loch Raven Boul					
was D.O.A. at a h deceased prior to written approval	24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY OF CR.  BURIAL 8-30-71 CUL PEPPER		lown, or county) (Stotel				
dece	SEP 10 1971 Value & Salar M.D.	25C FUNERAL DIRECTOR	Cooks				
	VS 150-REV. 1/1/68						



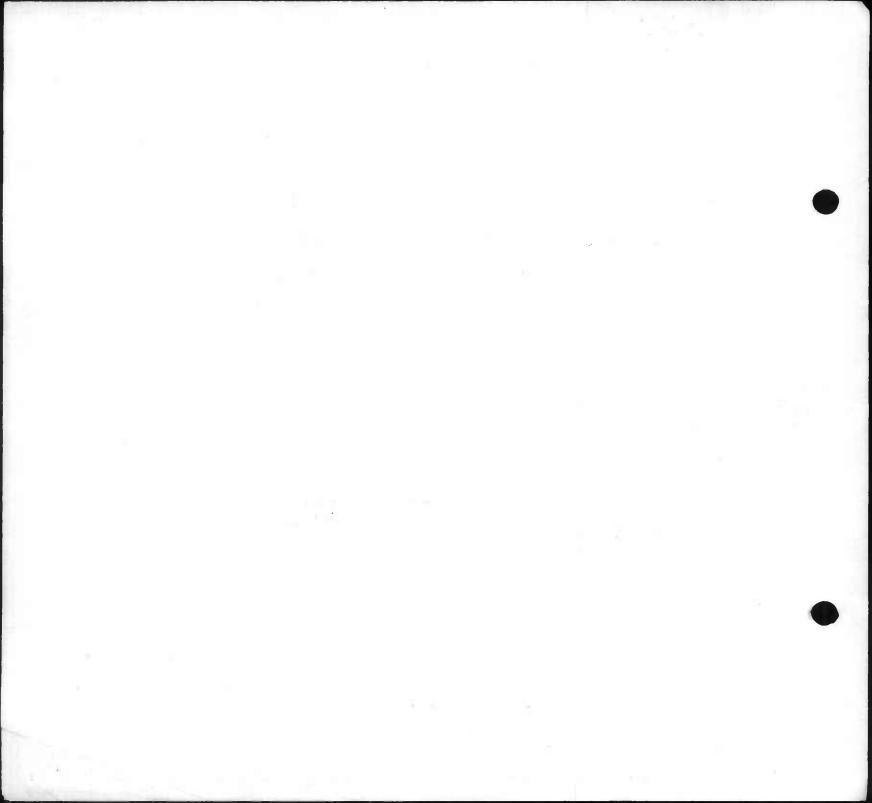
B 20 BALTIMORE	E CITY HEALTH DEPARTMENT
BIRTH NO. 71 8504 CERTIFI	ICATE OF DEATH REG. NO.71 8504
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
HENRY FINCHER (WALTER DAVIS	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
29/00/10-17	BALTO, YES YNO
ROUIDENT	E. STREET AND NUMBER
5. SEX 6. RACE 7. HADDING TO THE	28/5 HILLSDALE KD
Male Negro WIDOWED DIVORCED	Nonths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDIdense during most of working life, even if relired)	USTRY 11. BIRTHPLACE (Stote or foreign country   12. CITIZEN OF WHAT COUNTRY
ChirpER Boston MET	AL NORTH CAROLINA USD
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William E. Davis	Laura ?
5. Wos Deceosed Ever in U. S. Armed Forces? (es, no or unknown) (If yos, give wor or dotos of sorvice)  16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
NO SECURITY No. 409-12-2	
18. ( ) CAUSE OF C	
DISEASE OR CONDITION DIRECTLY	DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
LEADING TO DEATH	TECAUSE ARONIC ALCOHOLISM BOINS
(A) IMMEDIATION (A) IMMEDIATION (A) IMMEDIATION (A) IMMEDIATION (B) IT IN IMMEDIATION (B) IMME	OR AS A CONSEQUENCE OF:
injury as complication which caused death.)	2010 2011 11 11 10
ANTECEDENT CAUSES	ASHD, SKIN ULCERS
DISEASES OR CONDITIONS, if any, giving DUE TO, O	OR AS A CONSEQUENCE OF:
tise to the above cause (A) stating the UNDERLYING CONDITION last, (C).	CHRONIC ACCOHOLISM
	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED  21A-ACCIDENT WAS LINDERLYING [1]	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home form forders atta	(e.g., in or about 21 C. WHERE DID (II In Boltimore City, give exact location)
DEATH (notify modical examined)	
OF INJURY (Month) (Doy) (Your) (Hour) 21E INJURY OCCURRED	The state of the s
(APPROX)	While Work
22. I certify that (I (this hospital) attended the deceased fram	8-3 197/ ta 9-8 107/
	3 19 2/ and that fn(my) (aur) opinion death accurred an the date
and haur and fram the causes stated above (1) (We) (did) (did no	
23A. SIGNATURE	23B, DATE SIGNED
Taiker, m	Attending Med. Stoff Phys. Stoff Stoff Stoff Phys.
23C-PHYSI CIAN'S NAME (Type)	23D. ADDRESS
LOGE PARKER MIT	2300 GARRISON BLUID
A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	eCREMATORY 24D. LOCATION (City, town, or county) (Stolet
73	
Burial 9-11-1971 Mt. Auburn  A DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	Cemetery Baltimore Maryland 25C EUNERAL DIRECTOR ADDRESS
SEP 10 1971 Paber E. Jaber M.A.	
150-PEV. 1/1/48	



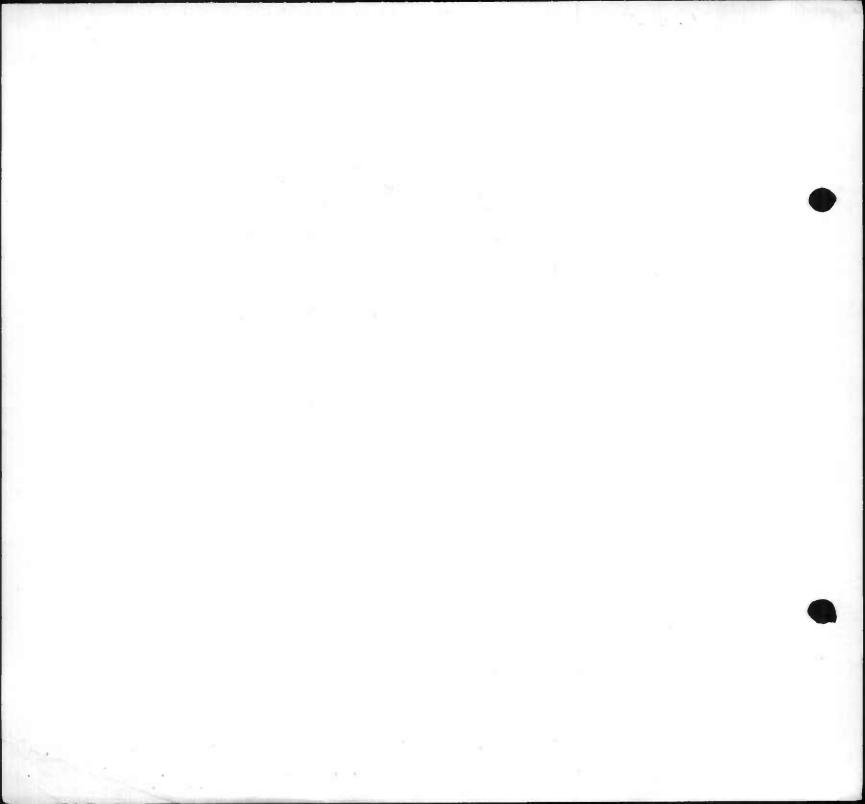
			BALTIMORE CITY	HEALTH DEPARTMENT	) mg	4 0 *0 *			
BIRTH NO.	NAME OF DECEASED 2. DATE AND HOUR OF DEATH								
Type at Print	ShERIFF.	MAE	VEINA	2. DATE A	ND HOUR OF DEATH	1030			
3. PLACE IN	BALTIMORE MARYLAND,			4. USUAL RESIDENCE (Wh	ere degeosed lived. If in	stitutian; residence before admissianl			
FULL NAME HOSPITAL OF	OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	C, CITY OR TOWN	In INSI	DE CITY LIMITS?			
	eracly Hosp	rital		BAPTAMORE E. STREET AND NUMBER	ski St.	YES MO			
5. SEX	6. RACE	7. 44 4 mmm F	78	B, DATE OF BIRTH					
F	N	WIDOWED	NEVER MARRIED DIVORCED	1-10- 28	9. AGE (In years last birthday)	Months Days Haurs Min.			
done during mo	CCUPATION (Give kind al wor st ol warking lile, even if retired)	rk 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale ar for	eign cauntry)	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S	NAME			2 × C ,	***	U.S.			
				14. MOTHER'S MAIDEN NA	ME				
15. Was Dece	sed Ever In U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
(Tes, na or unkr	awn) (If yes, give war ar dat	es of service)	SECURITY NO.	735 744		UNDULA			
18, 4	211		CAUSE OF DEAT			APPROXIMATE INTERVAL			
DIS	EASE OR CONDITION D	RECTLY	ONOUE OF DEATH			BETWEEN ONSET AND DEATH			
	LEADING TO DEATH		(A) IMMEDIATE CAU	" Verilonitis	secondes	1 (month			
(This doe	s not mean the mode of tre, ostherio, etc. It means	dying, e.g.,		CONSEQUENCE OF:					
injury or	complication which caused	death.)	alle	rated alli	esticali	: 1			
	ANTECEDENT CAUSES		(R)						
DISEA SE	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	T				
UNDERLY	the obove couse (A)	slaling the	(c)						
_	11		aneurys	of the	un V. Car.	7:24			
OTHER SIG	NIFICANT CONDITIONS CO	NTRIBUTING	and the	my of muc.	- 18	The A			
DISEASE C	OF OPERATION 198 CON	RT 1 (A).	Charles	20 A	musing	Mily			
A STIFF	WAS PER	FORMED	a siesado	20 A. AUTOPSY? (Yes ar N	IN CERTIFYING CA	INDINGS CONSIDERED USES OF DEATH?			
O DEATH IN	DENT WAS UNDERLYING RIBUTING CAUSE OF CHIEF CONTROL CAUSE OF CHIEF CONTROL CON	Cora la hame	Larm, Cactory, Street of	or about 21C. WHERE DID	(If In Baltimare	e City, give exact lacation)			
OF INJUR	(Manth) (Dayl (Yearl		INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?				
(APPROX.)		While Wark	Nat While						
22. I cert	ify that (1) (this hospito	l) attended the	deceased from	6-27-71	19ta	0-2 107/			
	we) last saw the decease		9-2	19 7/ and th	-	lan death occurred an the date			
ond haur	and from the causes sto	ted obove. (H)	(We) (did) (did not) vi	ew the body ofter deoth.		and the desired all the deli			
23A. SIGN	ATURE	2	me 5V			23B DATE SIGNED			
Muc	had of 10	refund	Dh.	ding Med.	Staff Phys.	9-2-7/			
23C. PHYS	CIAN'S E (Type)	-	DEGREE	3D. ADDRESS	- 2 2 = 1	11			
1710	Chrel 1.	Buch	NESSEGREE	UNIVE	FRS, Py	1 HOSpital			
REMOVA	L (Specify) 248. DATE	24C. NA/	ME of CEMETERY OF CRE	MATORY 24D. L	RECON ICH	y lawor ar cauntyl (State)			
25A. DATE RE	C'D BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	11/11	12 or cons			
9	EP 10 1971 02	Best E. 3		1 1 B	PAR	D 1/-1/7			



	-520		HEALTH DEPARTMENT	REG. NO.	8506
	TH NO. 71 8506	CERTIFICA	TE OF DEATH		
	PE OF DECEASED	0 1/	2. DATE AN	D HOUR OF DEATH	. 1/11/100
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If instit	lution residence before admission
FU	LL NAME OF (IF NOT IN HOSPITAL OF IN		MARYLAND	TY	703
IN	SPITAL OR ADDRESS OR LOCATION	(1 - 2 - 2 - 2	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
	JOHNS HOPKINS	HOSPITHZ	E. STREET AND NUMBER	TK Y	ES NO
	33		01 111	44NG-TON	
5.	/ / MAKE	MED NEVER MARRIED	8. DATE OF BIRTH	ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours Min.
104	WIDOW USUAL OCCUPATION (Give kind of work 10B, KINI		2/12/92	30 19	
	e during most of working life, even if refired)  However, Ker	O OF BOSINESS OK INDUSTRI	11. BIRTHPLACE (Stole or foreign		12. CHIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	- Va	Pludac			
15. (Ye	Wos Deceosed Ever in U. S. Armed Forcos? to or unknown! (If yes, give wor or dotes of servi	16. SOCIAL SECURITY NO. 215-05-8/2	4 Joseph J.	Lenoch 966	In Collington Ac
	18. 3479 1 250.	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH		1	12	1- 41
	(This does not mean the mode of dying, heart loiture, osthenio, etc. It means the dise	e.g., QIMMEDIATE CAU due to, or as a	SE (ASPERAGES OF:	1 steresmossel	is carys
	injury or complication which caused death.)  ANTECEDENT CAUSES	A	· 1 . 1/2		1111
	DISEASES OR CONDITIONS, il ony, giv	ving DUE TO, OR AS	A CONSEQUENCE OF	man g	Thays
	rise to the above cause (A) stating UNDERLYING CONDITION last.		KNOWN		15200
ATTON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Den	betes Melle	tu	
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20 A. AUTO SYALVOS OF No.	208, IF YES, WERE FIN	DINGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify modical examined	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, aff etc.)	or obout 21C. WHERE DID	(If In Bollimore C	City, give exoct locotion)
AEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
\$	[APPROX.]	While At Work Not While	' 🗆		
	22. I certify that (1) (this hospital) attended	<u> </u>	9-2-72	97/10 9-	-6 197/
	that (I) (we) lost sow the deceased olive	on 9-6	19 7 ( ond the	, .	n deoth occurred on the dote
	and hour and from the causes stated above	e. (I) (We) (did) (did not) vi	ew the body ofter deoth.		
1	23A. SIGNATURE	Atter	nding Med		B. DATE SIGNED
	23e.Physician's	Phys.	Director I	Staff Phys.	9-6-11
	JAMES F. 1	MARTIN M.D.	550 N. BRO.	ADNAY, BA	CT. MD
	SURIAL P-9-71	NAME OF CEMETERY OF CRE	MATORY 24D, 10	CATION ICITY,	town, or county) (Stole)
S	EP 10 1971 Value E. Warle	AE OF REGISTRAR	25C/FUNERAL OTRECTOR	vach 121	1 Charace Av.
V5	150-REV. 1/1/68		4		



BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH and contributing cause of death Such (4) Undetermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution: residence attendance B. COUNTY BALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! D. INSIDE CITY LIMITS? 0 0 OWINGS YES NO R prior FOREST made. regular 5. SEX 6. RACE 9. AGE (In years 7. MARRIED NEVER MARRIED Months Doys Hours Min. deceased WIDOWED DIVORCED [ 2 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) 2 NURSING REGISTERED Was 13. FATHER'S NAME the direct assistant if PEYTONS. death attendance on 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Ilf yes, give wor or dates of service) kind; 1 6. SOCIAL 17. INFORMANT ADDRESS or final SECURITY NO. COCHRAN any pronounced 18. CAUSE OF BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: regular injury at camplication which caused death.) ANTECEDENT CAUSES who are DUE TO. OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving MONTA rise to the above cause (A) stating the = physician UNDERLYING CONDITION last before the remains burns; Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body the 119B CONDITION FOR WHICH OPERATION 19A-DATE OF OPERATION 20A. AUTOPSY? (Yes or No! 208 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID hame, form, fociary, street, allice bldg, INJURY OCCUR? where Of In Boltimore City, give exoct location) hospital MEDICAL DEATH fnatify medical examined An accident of any nature; obtained OF INJURY (Manthi (Doy) (Yearl (Houd 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR 9 Sroved (except While At Not While (APPROX) Al Work and Wark to the 22. I certify that (I) (this haspital) attended the deceased å that (1) (we) last saw the deceased alive an and that in (my) (our) apinion death accurred an the date death) hospital the body was released shows: (1) An accident and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shaff 0 approval Director Phys. 8 23C. PHYSICIAN'S NAME (Type) prior 23 D. ADDRESS ģ 10 D.O.A. 24A. BURIAL CREMATION, 24B. DATE deceased 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial /10 St. Thomas! Garrison Forest, Md. Was 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR H. W. Jenkins 1190 VS 150-REV. 1/1/68

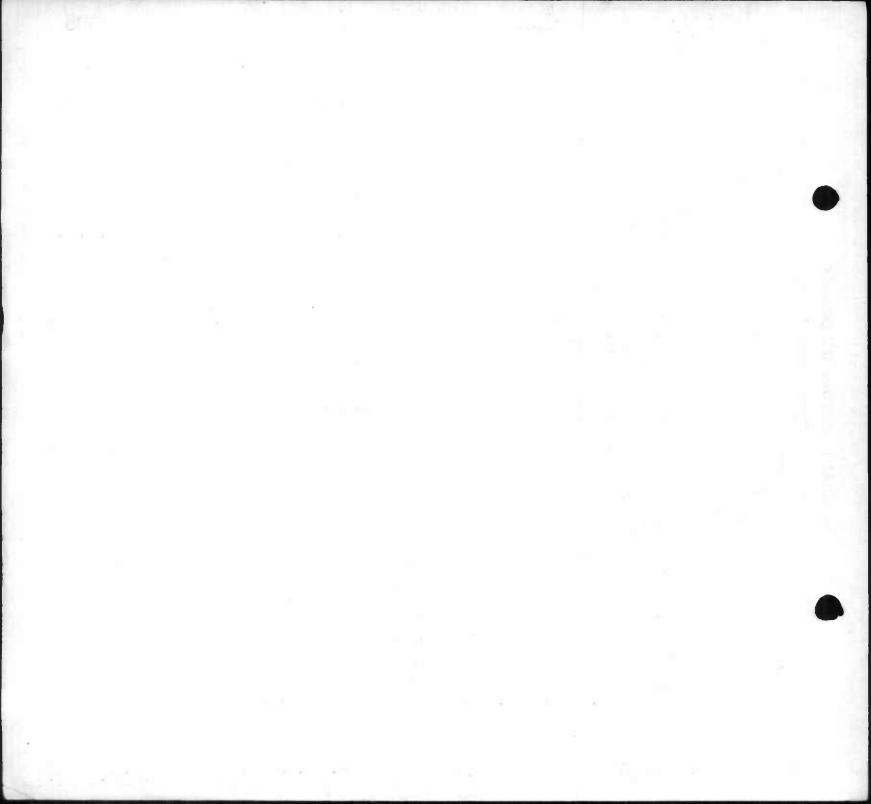


#### IMPORTANT FUNERAL DIRECTOR:

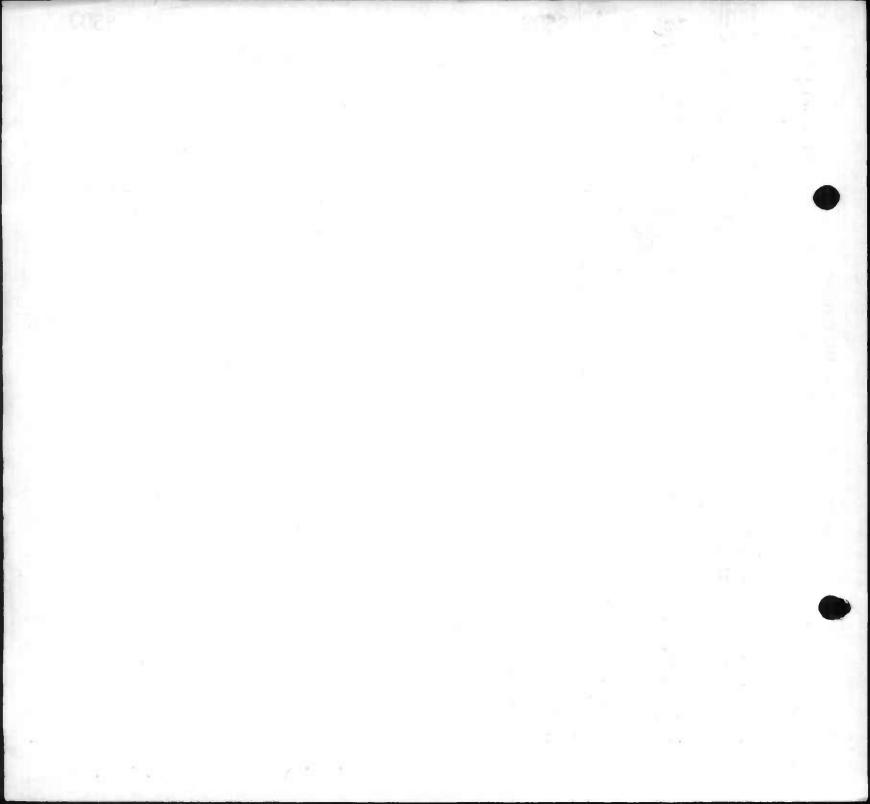
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-160 71 8		HEALTH DEPARTMENT	REG. NO.	71 8508		
1. NAME OF DECEASED (Type or Print) Nor	na Inez Weaver		ot. 8, 1971	i/A		
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD  AL OR INSTITUTION, GIVE STREET TION)	4. USUAL RESIDENCE (Wheel A. STATE B. COUN Maryland	e deceased lived. If inst	titution: residence before admission)		
MSIIIUIION		C.CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES NO				
3803 Monterey	Road	E. STREET AND NUMBER 3803 Monterey Road				
FW	7• MARRIED NEVER MARRIED DIVORCED DIVORCED	1-6-1887	9. AGE (In years lost birthday) 84	Il Under 1 Yt. Il Under 24 Hrs. Months Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife	Own Home	11. BIRTHPLACE (Stole or fore	gn country)	U.S.A.		
Edverett Ph	,	14. MOTHER'S MAIDEN NA	Martha Wi	lliam		
15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) (If yes, give war or dates	16. SOCIAL SECURITY NO. 220-44-7353	17. INFORMANT Mrs. Lavin	nia W. Keag	address gle Same		
LEADING TO DEATH  1This does not mean the mode of heart failure, astheria, etc. It means Injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the above cause (A)  UNDERLYING CONDITION last.	the disease, death.)  (B)  DUE TO, OR AS a death.)	SE A CONSEQUENCE OF: A CONSEQUENCE OF:				
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DESEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19A. CONDITION WAS PERFORMAN TO THE DESEASE OR CONDITION OF THE DESEASE OF THE D	E TERMINAL 1 (A).	20A. AUTOPSY2 (Yes or No	208 IS VSC MICHE EN	NDINGS CONSIDERED		
WAS PERFO	DRMED	No.	IN CERTIFYING CAU	SES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	ice bldg. INJURY OCCUR?	(If In Boltimore	City, give exact location)		
Z1D-TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED  While At Not While At Work	21F. HOW DID INJ	URY OCCUR?	-(-/-		
22. 1 certify that (1) (shie-heapital)	0/0/5/		9ta	19		
ond hour ond from the causes state			nt in (my) ( <del>evr)</del> opini	on death occurred on the date		
23A. SIGNASUSE COLOR	Mary Ma Atter	nding TR Med.	Stuff Phys.	23B. DATE SIGNED		
23C.PHYSICIAM'S NAME (Type) Dr. Walt	er E. Karfgin	3D. ADDRESS	rd Road	1/2/2/		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)  Burial 9-11-7	24C.NAME of CEMETERY of CRE		Parkville,	, town, or county) (State)  Md.		
	25B. NAME OF REGISTRAR E. Jabe, R.D.	25C. FUNERAL DIRECTOR		ADDRESS 21212		

VS 150-REV. 1/1/68



1	2	1714	rion	BALTIMORE CITY	HEALTH DEPARTMENT	3 3 ~	214 2 0 000	
BIR	TH NO.	11 8	509	CERTIFICA	TE OF DEATH	REG. NO.	71 8509	
(Ту	IAME OF DECEASE	Potts,	John	David	9,	7/7/	1 640	M.
3.	PLACE IN BALTIMO	DRE MARYLAND,	WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived, If it	institution: residence before admissi	ion)
FU HC	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	ITAL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?	+
ħ,	1944 10.	Hiorna	cial	Hosen Hall	Balto		YES NO	
7	Bolfo	21218	3 lea	(.	E. STREET AND NUMBER		and Park Apt A	#5
	M	NCE W.	WIDOWED		8. DAYE OF BIRTH 01-09- 99	9. AGE (In years lost birthday)	Months Doys House Min	h.
	USUAL OCCUPAT e during most of working			F "USINESS OR INDUSTRY	11. BIRTHPLACE (State or Ton	eign countryl	12. CITIZEN OF WHAT COUN	TRYT
	FG AGE		BAIL	ROAD SUPPLY	·va.		ast.	
13.	John I	. Pot	ts	-	14. MOTHER'S MAIDEN NA Nell S-Slu	ields		
	Was Deceased Ever	in U. S. Armed F.	feed feed	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	YES	WW.Z	0	2/6-32-5881	1	T. Polls:	Saul	
		, / I R CONDITION D DING TO DEATH		CAUSE OF DEAT	acute Leu	henn'a	BETWEEN ONSET AND DE	
	This does not n	nean the mode o	of dying, e.g.		SE A CONSEQUENCE,OF:	1		-
1		enia, etc. It mean plian which cause		leerleer	uic clians	eof		
		ECEDENT CAUSE		clira	aneune		1	
		CONDITIONS, If		DUE TO, OR AS	A CONSEQUENCE OF:			-
		bove cause (A						_
		11	·	0 - 1				-
	OTHER SIGNIFICAN			HSE V	D, CHF.		yrs.	
N S	DISEASE OR COND	ITION GIVEN IN PA	ART 1 (A).		T	LAN OAR IS NOT WIRE	ENIDALS: CONSIDER	
CERTIFICATION	2.	WAS PE	RFORMED	WHICH OPERATION	723	IN CERTIFYING C	FINDINGS CONSIDERED	
CALC	21 A ACCIDENT WOR CONTRIBUTING	G CAUSE OF	21 ho	me, ionn, lactory, street, of	n or obout 21 C. WHERE DID lice bidg. INJURY OCCUR!	(If In Boltimo	ore City, give exect location)	
000	21 D. TIME (MC	onth) (Doy) (Year		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
2	IAPPROX.)			hile At Not While		25	01	
-	22. Legetify that	(I) (this hospite	all attended	the deceased from	9/1	19 // to	7/7 19/1	<del>/-</del>
1	that (1) (we) los			9/5	19 7 ond t	hat In (my) (our) on	inlan death occurred on the	dote
				( con this case now .	lew the body ofter death	. ( )		
	23A. SIGHATURE	The Cours Si	alea opover	(i) (ii o) taraj (dia iiai) v	tew the body offer death		238, DATE/SIGNED	
	there	Clas	ele	DE GREE Phys		Staff Phys.	19/7/71	
	23C.PHYSICIAN'S NAME (Type)	LUPE C	- Fa	zekasiya	$\mathcal{U}$	· M.	H.	
	REMOVAL (Speci	ify)		IAME OF CEMETERY OF CRI			City, town, or county) (State	
-	Rem.Buria			Hollywood Ce		Richmond,	Va	1.
25	SEP 10 1	HEALTH DEPT.	A 40 TO 1 12	Ben M. D.	H 4905 VO	ikins & Son rk Road Ba	ADDRESS alto., Md. 21212	2
1 5								



SEP 10 1971 VS 151-REV. 1/1/88

BIRT	1-400 HNC.	) 71	85 MED	10 ICAL				EALTH DEPA			DEAT	H REC	s. NO.	71	8510	
1. N (Type	AME OF DEC	EASED	CAM I	1777				2. DATE OF	Know	n 🗆	Month	De	_	Yeor	Hour	
-	or Print) SAN			HILL	01101	In Laren		DEATH	Estim	oted 🗆	Septer					M.
	ACE IN BAL'		TIN HOSPITA					3. DATE PRONO	UNCED D	EAD	Month	Do		Yeor		
HOSE OR IN	PITAL INSTITUTION	ÀDDRE	SS OR LOCA	TION)				5. USUAL R	ESIDENC	E (Where	Septer			1971	5:53 P	M
					A. STATE				B. COL		11, 1 4 3 10 4 110	150	4			
6. SE	X	7. RACE		8. MARRI	ED	NEVER	MARRIED	C. CITY OF	Maryl TOWN	and		D. INS	IDE C	ITY LIMITS	?	
M	ale	Neg:	ro	WIDOW	_	1	IVORCED		Balti	more			v	ES X	№ □	
9. D/	TE OF BIRTH	1	10. AGE (In	years	If Und	ler 1 Yr. II	Under 24 Hrs. Hours   Min.	E. STREET	AND NU	MBER			•	23 611	NO L	
	2-25-0		lost bipihdo	"	1410111111	1 50,0			1911	Clif	ton Ave	enue				
	RTHPLACE (S			1		HAT COL		13. FATHER	'S NAME	25 (11)						
	s tonoa,					HATCOL			known							
done o	uring most of w	orking life, ev	en il retired)	148. KIND	OF BU	USINESS	OR INDUSTR	Y 15. MOTHE		DEN NAM	WE					
16 V	AS DECEASE	ED EVED IN	II S ADMED	EODCES'	2 (1	7. SOCI	Al	18. INFOR	known				A	DDRESS		
(Yes,	o or unknown)	(li yes, give v	vor or dates	ai service)		SECU	RITY NO.		anda	W:11	1011	C1:4		Aver		
119	. 1111	11					15-2618 NUSE OF DEA	1	allua	niii	1311	CITI	LOI	Avei	APPROXIMATE INTER	VAL
	(This does no heart failure, injury or com	E OR COND LEADING TO al mean the asthenio, éic. aplication which	DEATH made of dy . It means the ch coused dea				MMEDIATE	rotic c			ular di	isea	se	8.8	TWEEN ONSET AND E	DEATH
CERTIFICATION	DISEASES C RISE TO THE UNDERLYIN OTHER SIGN	TECEDENT OR CONDITION ABOVE CAN IG CONDITION IFICANT CON	ONS, IF ANY USE (A) STATE ON LAST.  FI ENDITIONS CO	ONTRIBUTI	ING	(0		AS A CONSE	QUENCE	OF:						
Ĕ	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A).		-										
H 2	DA. DATE OF	OPERATION	1 20B. CON	NDITION F	ORW	/HICH OF	PERATION W	AS PERFORA	ED					21. AU	TOPSY? (Yes or N	o)
	0														No	
MEDIC	INDERLYING	USE OF DEA	TRIB-	) (Hour	) 22E	form, focio	OCCURRED NOT	in ar about a se bidg., etc.) I	NJURY O	CCUR?	II in Baltimar		give exc	oct facotion	) 	
I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my apinion resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER X											DATE SIGNED	)				
24A. REM	BURIAL CREM	AATION. 2	48. DATE		24C.	NAME (	of CEMETERY	or CREMATO	RY	24D. I	LOCATION	(Cit	y, towi	n, or coun	(Stole)	
06:	Buria		9-13-	71				orial P			Laure	1, M	lary	land		
25A.	CED 1	BY HEALTH I	Pasers		-	F REGIS			UNERAL			1-		DDRESS	nc C+	
-	JEL T		COCCA	In he	-	7	, 11	0 19	rall &	pyet	г. п	. /	101	Laure	ens St.	

The soul that the state of the soul that the

	C-252 71 8511		HEALTH DEPARTMENT	REG. NO.	1 8511			
8	NAME OF DECEASED	CERTIFICA						
	Type or Print) HENRY COL	ISINS	Sept.	8 1971	16:32 P.M.			
-   '	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	No 21 VII   10 COO!	ere déceased lived. If ins NTY	titulion: residence before admission)			
	FULL NAME OF IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	NSTITUTION, GIVE STREET	Maryland c. City or town	D. INSID	DE CITY LIMITS?			
	Provident Hospt. Comple	ex	Baltimore		YES X NO			
		2600 Liberty Heights Avenue			0			
5	Baltimore, Maryland 2]	8. DATE OF BIRTH	eights Terrac					
	M B. WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	3/28/01	lost birthdoyl 70 yrs.	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
	DA. USUAL OCCUPATION (Give kind of work TOR, KIN		11. SIRTHPLACE (Stote or fare	70 yrs.	12. CITIZEN OF WHAT COUNTRY?			
110	ane during most of working life, even if retired) Unemployed		Virginia		U.S.A.			
1	3- FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME /				
Ш	John Cousine		Idn Jan	o MAN				
1:00	es, no ar unknown? (If yes, give wor ar dotes af serv	1 6. SOCIAL	17. INFORMANT	- 25	ADDRESS			
	nknown	911-18-4774	Mrs. Elizabeth	Coudins 10	6 W. University PK			
	18. 26 9 9 1	CAUSE OF DEATH	1		APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CEREB	ROVASCULAR	Accident	BETWEEN ONSET AND DEATH			
	(This does not mean the made of dying	(A) IMMEDIATE CAU	SE		19 DA45			
	heart failure, asthenio, etc. If means the discose, injury or complication which coused death.							
	ANTECEDENT CAUSES	PNEUI	YONIA					
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	*************************	*****************			
	rise to the abave cause (A) stating UNDERLYING CONDITION last.	ine (c) MALA	MUTRITION					
1.	. 11	(-/						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG URINARY	TRACT INFE	CTION				
EPTIETO	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? IYes or No	1) 208. IF YES, WERE FIN	NDINGS CONSIDERED			
AI CE	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY le.g., in hame, farm, factory, street, affected	or about 21 C. WHERE DID	(If In Boltimare	City, give exact lacation)			
Fold		21E INJURY OCCURRED	215 110 110 110					
N.	(APPROX)	While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?				
	22. I certify that (1) (this hospital) attended the deceased from AUGUST 20 1971 to September 8 1971							
	that (i) we last saw the deceased alive		19 <u>7/</u> and th		on death accurred on the date			
	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.							
	23A. SIGNATURE	14 2 440	4: - 11.1		3 B. DATE SIGNED			
	Rhodova C. Sumano		Director L	Staff Phys.	september 8, 1971			
	NAME IType)	2	3D. ADDRESS					
24	A. BURIAL CREMATION, 1248, DATE	DEGREE	AAYONY IK.					
	A. BURIAL CREMATION, 24B, DATE 240	CENTEREN OF CRE	WAIDKT 24D. 20	CATION ICHY.	tawn, or county) (State)			
25	A. DATE REC'D BY HEALTH DEPT. 258, NAM	TRBUILUS MI	250/FUNERAL DIRECTOR	Himile	, Mdd			
		ale MD	250 FUNERAL DIRECTOR	DustE	1 1001 A 101112			
VS	150-REV. 1/1/68		I (UK TUTY 7	NYEUF.	HT 1.101-11 1711 VEWS			

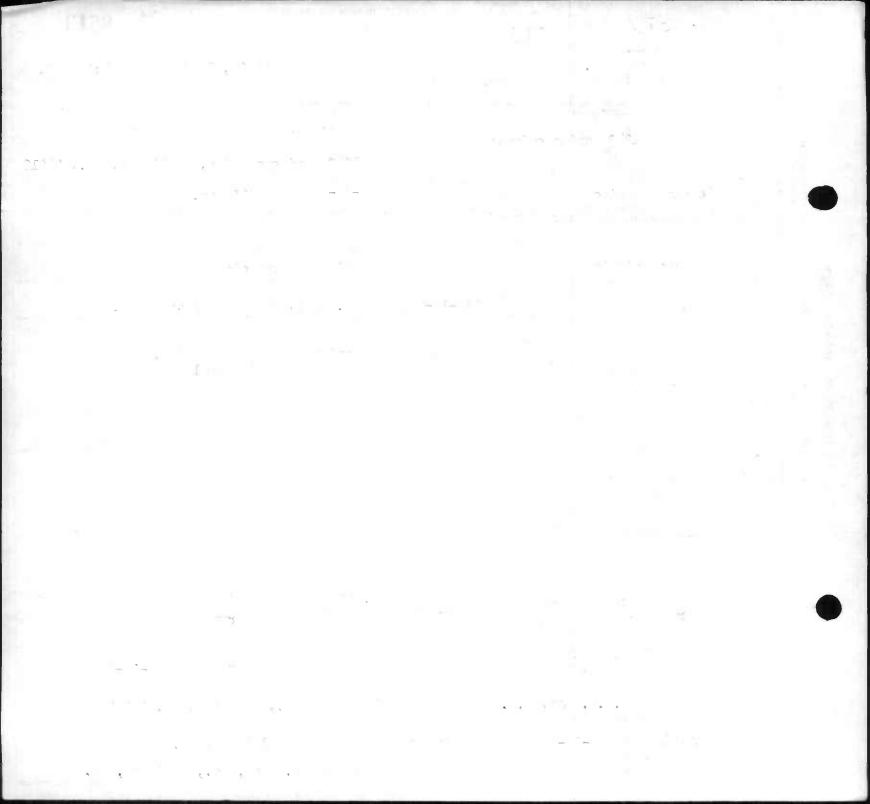
The Lone Core Letter to the bound the first part of the formation of

BALTIMORE CITY HEALTH DEPARTMENT 8512 CERTIFICATE OF DEATH hospital and iuse of death Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO USUAL RESIDENCE (Where deceded lived, If institution; residence before admission) death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE ance B. COUNTY rect or contributing cause (4) Undetermined cause; (5) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? attend 0 YES NO 12011920 Prior E. STREET AND NUMBER 3 occurred in regular disposition is mad If Under 24 Hrs. Hours i Min. 9. AGE (In years lost birthday) If Under 1 Ya 5. SEX 8. DATE OF BIRTH 6. RACE 7. MARRIED NEVER MARRIED deceased Hours WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? dene during most of working life, even if refired)
CEMOUT FINISHER death 10 Was the 13. FATHER'S NAME MOTHER'S MAIDEN NAME or his assistant if 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) ESS1 death 00 7. INFORMANT & SOCIAL or final SECURITY NO. attendance fracture of any APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND GEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE UPEHIC WKS PNEUHONITI (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) regular chief medical examiner who ANTECEDENT CAUSES 910 4 DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If any, giving (3) rise to the above cause (A) stating the 2 physician before the remains UNDERLYING CONDITION last HRONIC Was medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSYZ (Yes or No) the O 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, affice bidg. INJURY OCCUR? (II In Boltimore City, give exact location) where MEDICAL he body was released to the hospital DEATH (notify medical examined shows: (1) An accident of any nature; approved by obtained OF INJURY (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While (except While At (APPROXI and At Work Work 22. I certify that (I) (this hospital) attended the deceased from death); that (i) (we) last saw the deceased alive an and that in(my) (our) apinion death accurred an the date å hospital and hope and from the causes stated above. (i) (We) (did) (aid not) view the body after death. must 234. SIGNATURE 238 DATE SIGNED certificate must Attending [ Med. Staff Phys. 0 Phys. approval ome 8 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior to was D.O.A. 240 NAME OF CEMETERY OF CREMATORY 24A. SURIAL CREMATION, 248. DATE 24D. LOCATION (City, town, or county) (State) eceased REMOVAL (Specify) decease 25G FUNERAL DIRECTOR Oak ide NEWTON LOKE 258. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/68

Benerick and the control of the Albertage of the terror

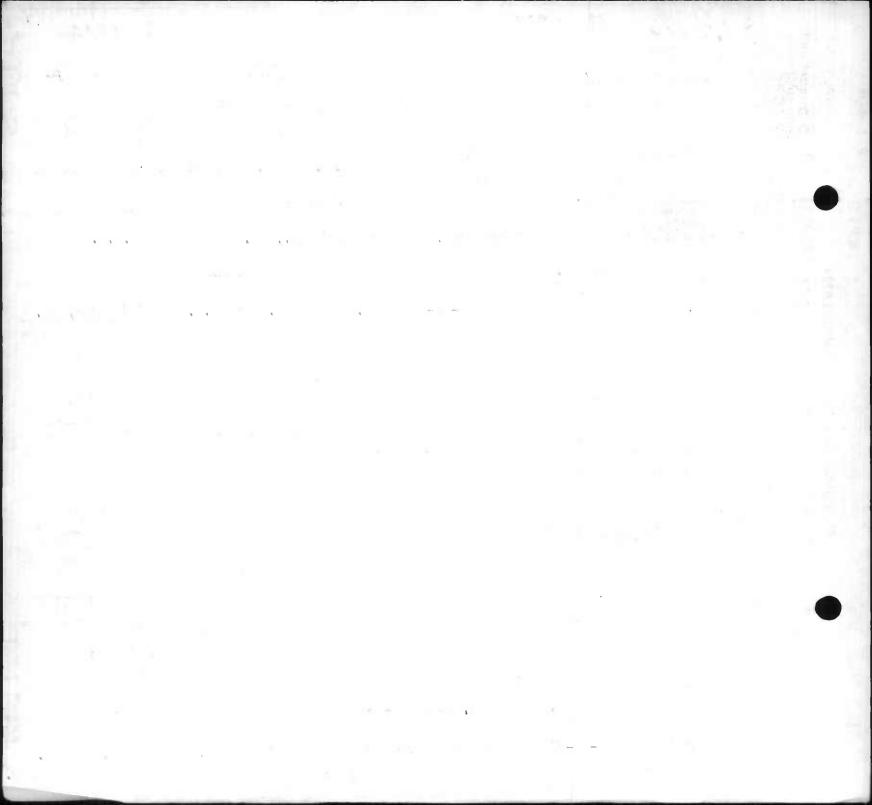
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the Writ SEP 10 1 VS 150-REV. 1/1/68

0	-		BALTIMORE CIT	HEALTH DEPARTMENT		54 0840		
BIRTH NO		851	3 CERTIFICA	TE OF DEATH	REG. NO	71 8513		
Type of P	DF DECEASED	Caccan			ND HOUR OF DEATH			
	AGNES M			Augus	t 25, 1971	1 4:30 P. M		
			PRONOUNCED DEAD	4. USUAL RESIDENCE (Who		stitution: residence before admission)		
FULL NAME HOSPITAL	ME OF (IF NOT OR ADDRES	IN HOSPITAL OF S OR LOCATION	R INSTITUTION, GIVE STREET	Maryland c. City OR TOWN	10.1014	2 / 26		
ודטדודצאו	DN			Baltimore	D. INSI	DE CITY LIMITS?		
100	1243 M	eridene I	rive	E. STREET AND NUMBER		YES X NO		
CAC								
5. SEX	6. RACE	17		1243 Meridene Drive, Baltimore, Md., 21212  8. DATE OF BIRTH 9. AGE (In years   16 Under ) 76. 11 Under 24 Hrs.				
Fema	le White	WIE	ARRIED NEVER MARRIED DOWED DIVORCED	6-10-99	72 yrs.	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
			KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at fore	eign country)	12. CITIZEN OF WHAT COUNTRY		
done during	most of working life, eve	u it terred)				USA		
13. FATHE	R'S NAME			14. MOTHER'S MAIDEN NA	ME			
Tho	mas Griffin			Elizabeth Br	eneis			
100		Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
(Yes, no at	eceased Ever in U.S. unknown) lif yes, give	war or dates of s		145				
No			219-12-6610	Mrs. Betty Zo.	ll Same as	above.		
18.	150X1		CAUSE OF DEAT	н		APPROXIMATE INTERVAL		
	DISEASE OR COND							
	LEADING TO		(A)IMMEDIATE CA	use Massive Pulmon	nary Embolis	m.		
	does not mean the failure, asthenia, etc.		g, e.g., DUF TO, OR AS	A CONSEQUENCE OF: Bilateral				
	or camplication whi					1		
	ANTECEDENT	CAUSES				Ì		
DISEA	ASES OR CONDITION	ONS. if any.	civing (B)	A CONSEQUENCE OF:				
rise	to the above co	ouse (A) stati	ng the			Ч		
UND	ERLYING CONDITION	N last.	(C)		***************************************			
_	11							
	SIGNIFICANT CONDI							
<b>▼</b> DISEA	SE OR CONDITION GIV	VEN IN PART 1 (A						
19A.D	ATE OF OPERATION	WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSYT (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
86				Yes				
U 21A. A	CCIDENT WAS UND	ERLYING T	21 & PLACE OF INJURY (e.g., home, farm, foctory, street, c	in ar about 21C. WHERE DID	(If In Baltimar	City, give exact location)		
DEATE	I (notify medical exam	ined	elc.)					
0 21 D. T		ry) (Year) (Ho	un 215 INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	· · · · · · · · · · · · · · · · · · ·		
E OF IN			While At   Not Whi					
			Work LJ At Wark					
			The deceased from	ug. 12	19 71 to Aug	ust 25 19 71		
that (	(we) last sow the	e deceased/ali	ve on August 25	19 <u>71</u> and the	hot in ( cour) api	nion death accurred on the dot		
and h	aur and fram the co	uses stated a	ave. (1) (We) (did) (did nat)	view the bady after death.				
23A. S	IGNATURE /	1 41	n			23B, DATE SIGNED		
1 1	Mari	الزاك		ending Med.	Staff R	8-26-71		
23C. P	HYSICIAN'S	<i>D V</i>	DEGREE Ph	23D. ADDRESS	r 1175,	, -		
N	AME (Type)	y Tr		. —				
		I. Lee, M	DEGREE	7620 York Rd., I				
24A. BURI REM	AL CREMATION, 248 OVAL (Specify)	DATE	24C, NAME of CEMETERY of CI	EMATORY 24D.	LOCATION (Ci	ty, town, or county) (State)		
Bur		3-30-71	Holy Redeemer	Bal	Ltimore, Md.			
25A. DAT	E REC'D BY HEALTH		NAME OF REGISTRAR	25C. FUNERAL DIRECTO	R	A DDRESS		
GEP	1 0 1971	E B Back	abel M.D.	Leonard J. Ri	ick, Inc., Balt	timore, Md.		

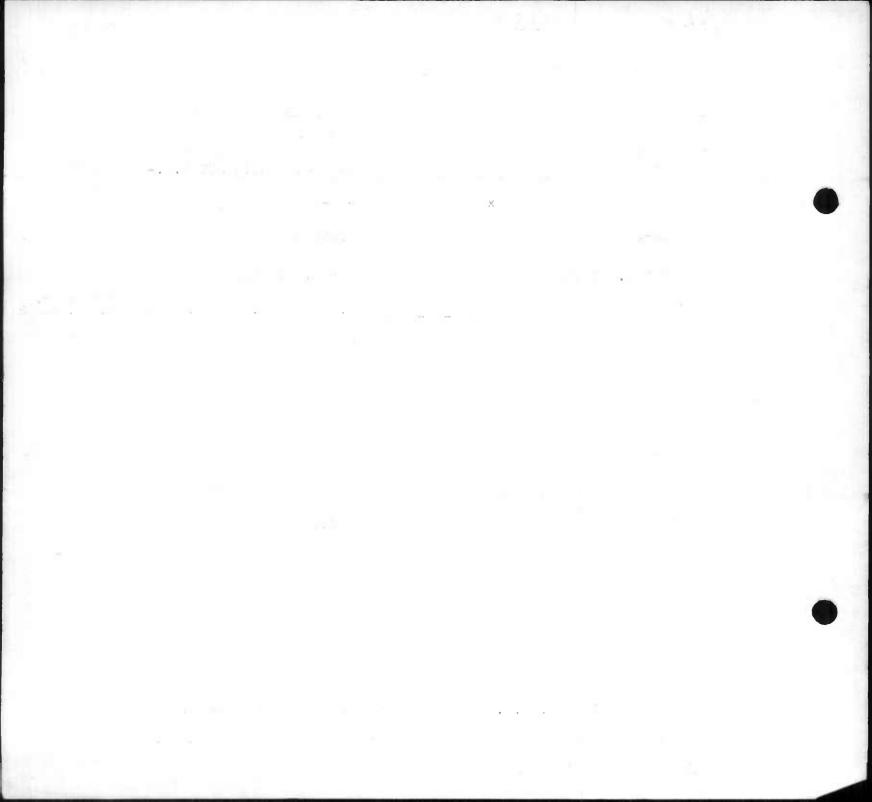


to to

D de	n 1914 a.e.	4.4	BALTIMORE CITY	HEALTH DEPARTMENT	1				
BIRTH NO.	71 85	14	CERTIFICA	TE OF DEATH	REG. NO.	71 8514			
1. NAME OF DEC	CEASED			2. DATE	AND HOUR OF DEATH				
,	ABEL, John	1	III	9/7	/71	1 9:15 A. M.			
3. PLACE IN BA	LTIMORE MARYLAND, WH	ERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	here deceased lived. If in	stitution; residence before admission)			
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL ADDRESS OR LOCATI	OR INSTIT	UTION, GIVE STREET	Maryland	Cecil	57.00			
INSTITUTION				Rising Su		YES NO N			
5 mb - 7	T-11		-1.12	E. STREET AND NUMBER		TES NO [			
The J	Tohns Hopkins	Hosp	oital		Wolnut C				
5. SEX	6. RACE 17.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	. Walnut S	treet 21911			
Male	Cauc.	WIDOWED	DIVORCED	4/02/17	lost birthdoy) 54	Months Doys Hours Min.			
toA. USUAL OCC	UPATION (Give kind of work 1) working life, even if retired)	B, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at fo	teign country)	12. CITIZEN OF WHAT COUNTRY?			
Physicis		berdee	n Prov. Ground	s (ecil (o.,	M.	U.S.A.			
13. FATHER'S NA	ME		it i to ve ji waa	14. MOTHER'S MAIDEN N		4636.46			
Joh	n Abel Jr.			Minnie Bo	uchelle				
15. Was Deceased	Ever in U. S. Armed Ferce	?	16. SOCIAL	17. INFORMANT		ADDRESS			
no	if the yes, give wor or odies	at servicei	SECURITY NO.	las laVarna B	Abol 80 #	2 Rising Sun. Md.			
18, ///	1 3		CAUSE OF DEATH		MUEL NOD. 112	APPROXIMATE INTERVAL			
4/4	SE OR CONDITION DIRECTED TO DEATH	CTLY		Demange +	pole	BETWEEN ONSET AND DEATH			
(This does		vina ea	(A) IMMEDIATE CAU	SE	************	iden.			
heart failure,	(This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease,								
	injury or complication which caused death.)  Emphalia CVA  ANTECEDENT CAUSES								
	Autobout anosts								
DISEASES (	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the								
	underlying condition lest.								
TO THE DEAT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),								
19A. DATE OF	OPERATION 1198 CONDI	TON FOR V	WHICH OPERATION	20A. AUTOPSY (Yes or I	No. 208 IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?			
ELL	WAS PERFO	RMED		Yes	IN CERTIFTING CA	USES OF DEATH?			
OR CONTRIB	NT WAS UNDERLYING UTINO CAUSE OF medicol exeminer	218, hom etc.l	e, farm, factory, street, off	or obout 21 C. WHERE DID	(If In Soltimor	e City, give exact location)			
21D. TIME OF INJURY	(Month) (Doy) (Year) (	Hour 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
S OF INJURY		Whi	le At Not While						
	1.060	Wo		<u></u>	- 7)	-7 -71			
	22. I certify that (1) (this hospital) attended the deceased from 8-27 19 71 ta 9-7 19 71 ta								
	ond hour and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.								
	23A. SIGNATURE								
John	John a Nosbitt III DEGREE Phys. Director Phys. 9-7-71								
23C. HYSICIA NAME (1				3D. ADDRESS					
	John A.	Nesbi	tt, III M	D. The John	s Hopkins I	Hospital			
24A. BURIAL CRE	MATION, 248. DATE Specify)	24C. N/	AME of CEMETERY OF CRE	MATORY 24D.		ly, town, or county! (State)			
(remation		Sil	venbrook (remo	tone III:	Lminaton New				
SEPT WE'S	SMEAN BUTE E. P.	E NABIL C	HOREGISTRAR)		R	Castleworks Del.			
VS 150-REV. 1/1/	68			Puppin Funer	al Home Strug	we Checon, in			

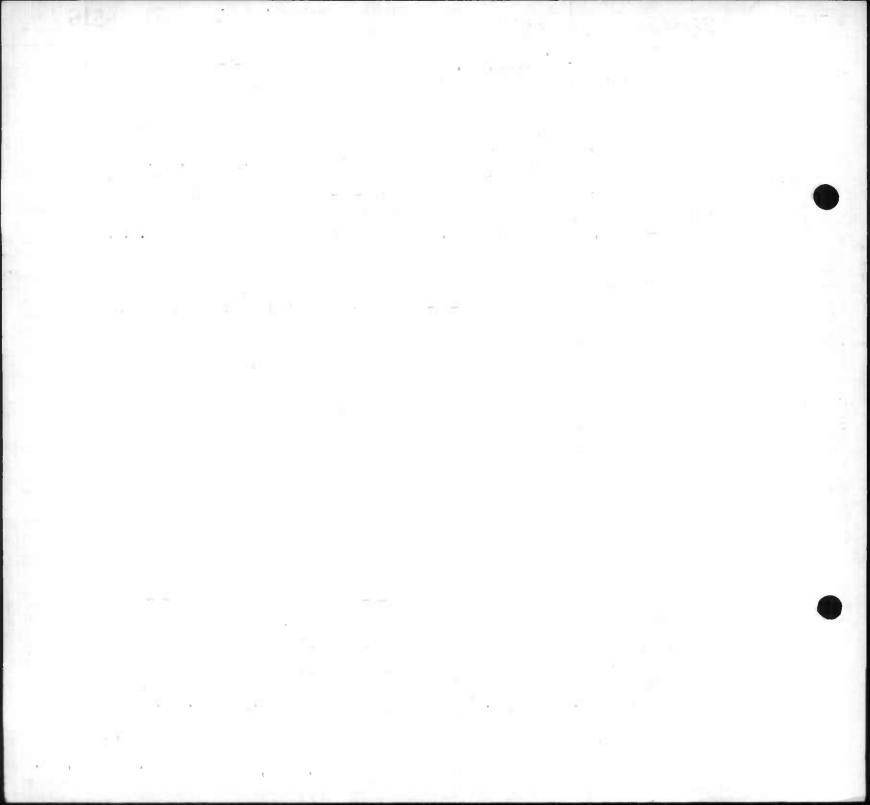


1		TE OF DEATH REG. NO. 71 8515		
oital and of death Deceased e on the sth. Such	1. NAME OF DECEASED	In DAYF AND HOUSE AS A SECOND		
of de Decec	(Type or Print) V NOOL RUTH B	95171 53 4		
_ 00	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY		
T 0 0	FULL NAME OF   (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND MONTGOMERY  C. CITY OR TOWN  D. INSIDE CITY LIMITS?		
E _ 2 + L	Johns Hopkins Hosp.	CHEVY CHASE YES NO		
D.= L .	20119 (Loberto Hosb.	5480 WISCONSIN AVE N.W APT 1004		
occurre ontribut ermined regular regular is made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr., II Under 24 Hrs. Months! Days Hours! Min.		
ontont ontont reg eas	MIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	03-30-02   69		
or c ndet s in dec ition	done during most of working life, even it retired)  At home	Michigan USA		
if deat rect or (4) Unde was in the de sposition	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
+	HERMAN R. BYRON 15. Was Deceased Ever in U. S. Armed Forces? (1 6. SOCIAL	BERTHA IRENE BLEILER		
istant he di kind; death ce on nal di	(Tes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT  11511 Farmland Dr.		
SS + E = II	18. 7 / 3 / 1 CAUSE OF DEAT	Mrs. William B. Crouch, Rockville, Md. 20852		
E 0 + E 0 T0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND GEATH		
PASSE	(A) IMMEDIATE CAL	DISE YULMONAY EMBOLI ACONSEQUENCE OF: D-Total Hyp Replacement 11 d.		
ner. actu pro ular mba	injury or complication which caused death.)	Tid 24 2 /2		
Xami A fr Who reg	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:		
al ex (3)	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	Thesity x years		
adical dical rrns; rsicio was mair	li li	3		
medica medica / burns; physici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	20000000000000000000000000000000000000		
in the gard	1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
he ch (2) Bo (2) Bo pre th phys	OP CONTRIBUTING CAUSE OF 11 218, PLACE OF INJURY (a.g., in	or obout 21 C. WHERE DID (II in Boltimore City, give exact location)		
	DEATH (notify medical examined etc.)	inco blogs, INJURY OCCURY		
po de	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While	21F. HOW DID INJURY OCCUR?		
xc xc	22. I certify that (I) (this hospital) attended the deceased from	8/9/2 10 19/3/2/ 10		
20000	that (1) (we) lost sow the deceased alive on 9/5/7/	ond that in (my) (our) opinion death occurred on the date		
death)	and haur and from the causes stated above (1) We) (did) (did not) v	lew the body ofter death.		
must eleas ccide r hos to da	23A-SIGNATURE AHOLO MAD	nding Med. Staff 23B, DATE SIGNED		
0 - 2 >	DEGREE PHYS	23D. ADDRESS		
ificate vas 1) An control of prior approva	KAREN O'NEILL, M.D.	THE JOHNS HOPKINS HOSPITAL		
certificat body was vs: (1) An D.O.A. at assed pric	24A. BURIAL CREMATION, REMOVAL (Specily)  Burial  9/8/1971  Parklawn Cemete:	(Sidile)		
	25A. DATE REC'D BY HEALTH DENT. 25B. NAME OF REGISTRAR	25C. FUNDOS PIRECTO AWLER'S SONS INC. ADDRESS		
1	SEP 10 19/1 UGBer E. Jarber, M.D. VS 150-REV. 1/1/68	5130 WISC AVE N. W. WASH. D. C. 20016		

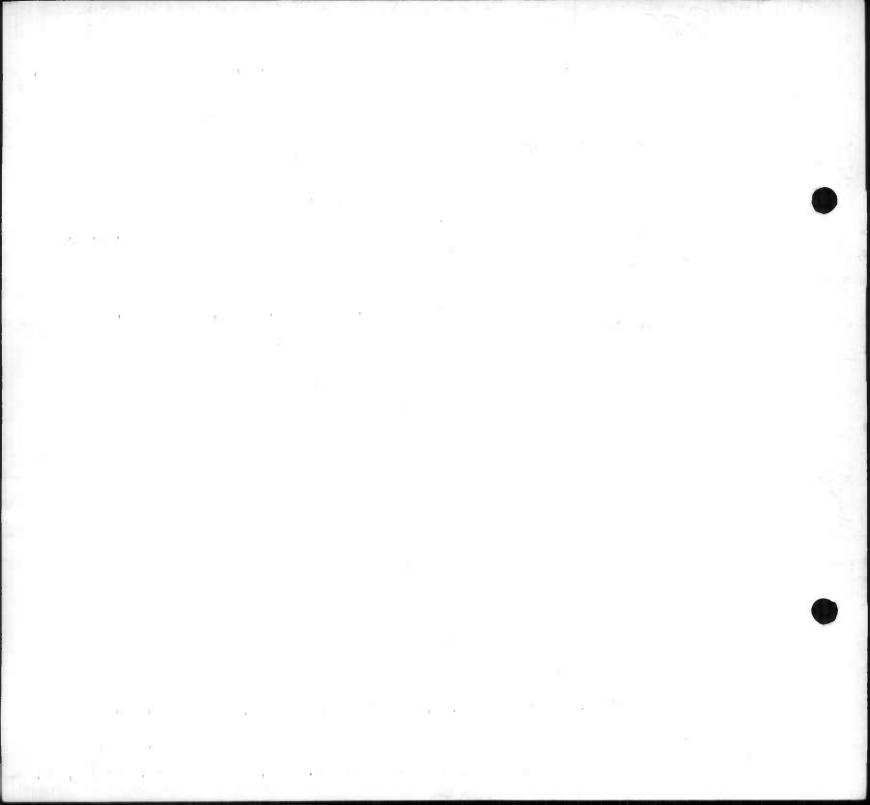


	This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	pest	the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	tal	p de	ecec	0	÷.	
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	d in	ing	כמת	4	rior	•
	Urre	ibut	ined	ular	D.	ade
	220	ontr	erm	Bel	9909	t be obtained before the remains are embalmed or final disposition is made.
	bath	or c	ndet	=======================================	dec	tion
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	ssist	the	kir	de	INC.	fina
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	8 601	boc	WS:	S.	905	itten
	Thi	the	sho	M	P	W

	11).110	5	n mAl			ALTH DEPARTMEN		71 8516	
BIF	BIRTH NO. 925 71 8516 CERTIFICATE OF						H KEG. 110		
	NAME OF DECEASED M.  ype or Print) Herbert Wilson, Sr.				2. DATE AND HOUR OF DEATH 9-6-71 11:35 p.				
3.	PLACE IN BALT	TIMORE, MARYLAND	, WHERE PRO	NOUNCED DEAD	IIĂ.	STATE B. C	Where deceased lived, if OUNTY	institution: residence before admission)	
FU	HILL NAME OF ADDRESS OR LOCATION)  RESTRICTION  Baltimore City Hose 4940 Eastern Avenue		TITUTION, GIVE STREE	ET .	Maryland		2654		
in				spitals		CITY OR TOWN Baltimore	D. IN	ISIDE CITY LIMITS?	
						STREET AND NUMB	ED	YES NO .	
3		Baltimore,					Ave. Balto	Md. 21205	
5.	SEX	6. RACE		NEVER MARRIE		ATE OF BIRTH	19. AGE (In vegts	If Under 1 Ys . If Under 24 Hrs.	
	Male	White	WIDOW			1-10-98	last birthdoyl 73	Months Doys Hours Min.	
	A, USUAL OCCU	PATION (Give kind of	work 108, KIND	OF BUSINESS OR INC		Charles and the control of the control	foreign country)	12. CITIZEN OF WHAT COUNTRY	
		working life, even Wretin		ffee Co.				II C A	
_	FATHER'S NAM		artich co	Ties Co.	1	Kansas Mother's Maiden	NAME	U.S.A.	
		Lee Wilson			1	Kate ?	11-0010		
15.			Forces	I 6. SOCIAL	17.	INFORMANT	1010	ADDRESS	
(Ye	No of unknown)	Of yes, give war or	dates of servic					ern Avenue	
				214-20-32		BCH Record	s: Baltimore	, Maryland 21224	
	18. 49	$/ \times 1$		CAUSE OF	DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			: acox	Kil im ou	15/11/10			
1	(This does not mean the mode of dving, e.g.,				ONSEQUENCE OF:	400001	13 aur		
	heart failure.	asthenia, etc. It me plication which cav	ans the disea	se,	OK AS A CO	ONSEQUENCE OF		4	
		pucation which cau INTECEDENT CAU		011	10 ~.	Ramore	2/-	10 1000	
				(B) CM	KOMIC	- Menca	eurs	ic years.	
	DISEASES O	R CONDITIONS,	If any, givi		OR AS A C	ONSEQUENCE OF:			
		CONDITION last.		(c)					
_		11							
100	OTHER SIGNIF	CANT CONDITIONS H BUT NOT RELATED T	CONTRIBUTION	IG AL					
PAT I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OFERATION 198 CONDITION FOR WHICH OPER WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1 121B, PLACE OF 1			× 111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Ni .	20/A Allyoneva N	No. No. 208 IE VEC 11/20	E EINDINGS CONSIDERED	
E E				OK WHICH OPERATION	N	No	E FINDINGS CONSIDERED AUSES OF DEATH?		
CER				Y (e.g., in or	about 2 C. WHERE D	ID (If in Boltin	ore City, give exoct location)		
¥	OR CONTRIBUTINO CAUSE OF home, form, factory, street, o etc.)  DEATH (notify medical examined)  21D.TIME (Month) (Day) (Year) (Hour 21E INJURY OCCURRED OF INJURY				treet, office	PIGE INTURA OCCA	107		
120	21D. TIAAS	(Month) (Day) (Yo	ear) (Houd	21E INJURY OCCURR	ED	215 HOW DIE	INJURY OCCUR?		
ME		(Nonin (Day) (I	1	While At - N	lot While	1 1111111111111111111111111111111111111	Mack occor		
	IAPPROX.			Work L A	t Work				
				d the deceased fra			19to	9-6-71 19	
	that (1) (we) last saw the deceased alive an					19an	d that in (my) (aur) a	pinian death accurred an the dat	
	and haur and from the causes stated above. (1) (We) (did) (did nat) view					the bady after de	oth.		
	23A. SIGNATURE						/	23B, DATE SIGNED	
11	Robert 4. Cilled MD DEGREE Phys					ending Med. Staff 9-6-2/			
41	1 A Over	1 4. (1/		DEGREE					
	23C. PHYSICIA	N'S		) DEGI	23 D.	ADDRESSBaltim	ore City Hos	oitáls	
	23C. PHYSICIA NAME (T	Nrs ypel Robert H.	Creech.	7	119				
24		Robert H.		7	DEGREE 49	40 Eastern	Ave., Balto.		
	A. BURIAL CRE	Robert H.	240	M.d	DEGREE 49	40 Eastern	Ave., Balto.	Md o 21224 (City, town, or county) (State)	
	A. BURIAL CREE REMOVAL (S Burial	Robert H.  MATION, 248. DATE Specify) 9/9/7	240 71 G	M.d NAME of CEMETERS ardens of F	DEGREE 49	40 Eastern TORY 24 emetery	Ave., Balto. D. LOCATION BE	Md. 21224  City, town, or county) (State) altimore, Maryland	
	A. BURIAL CREE REMOVAL (S Burial	Robert H.  MATION, 248. DATE Specily) 9/9/7  BY HEALTH DEPT,	71 G	M.d	DEGREE 49	40 Eastern TORY 24 emetery 25C. FUNERAL DIRECT	Ave., Balto. D. LOCATION BE	Md. 21224 (City, town, or county) (State)	
25	A. BURIAL CREE REMOVAL (S Burial	Robert H.  MATION, 248. DATE Specify) 9/9/7  BY HEALTH DEPT.	71 G	M.d NAME of CEMETERS ardens of F	DEGREE 49	40 Eastern TORY 24 emetery	Ave., Balto. D. LOCATION BE	Md. 21224  City, town, or county) (State) altimore, Maryland	



3	5-35/7	1 8517.			HEALTH DEPARTMENTE OF DEAT		174	Op. 4 mg	
1.1	NAME OF DECEASED	ulah M. Stum	p		2. DAT	E AND HOUR OF DEAT	Н	5:00	
3.		MARYLAND, WHERE	_	CED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution: re		admission)
HO	ILL NAME OF (HOSPITAL OR A	NOT IN HOSPITAL OF	R INSTITUTIO	ON, GIVE STREET	Maryland c.cm or rown Baltimore	D. IN	ISIDE CITY LI	263 IMITS?	Specific
1	50 921	Alricks Way			E. STREET AND NUMB 921 Alrich		YES 🔀	ИО	
5. :	SEX 6. RAC	E 7. 88	ADDIED A	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	I If Unda	. 1 V. 16 11-3-	er 24 His.
-		hite wit	OWED	DIVORCED	March 10, 191	8 lost birthdoyl 53	If Under Manths	Doys Hours	Min.
don	CUSUAL OCCUPATIOns during most of working Housewife	N (Give kind of work 108, I life, even if relired)	IND OF BU	SINESS OR INDUSTRY	West Virgin			J. S. A.	COUNTRY
13.	FATHER'S NAME	1			14. MOTHER'S MAIDEN	NAME			
	Milroy Hal				Fay Bon	nner			
15. (Ya:	Was Deceased Ever in s, no or unknown) (If yes No	U. S. Armed Farces? , give war ar dotes of s	ervica)	SOCIAL SECURITY NO. None	Mr. Johnson	sband) 921 Al	ricks V	ADDRESS Vay 9, Maryla	nd
L CERTIFICATI	heart foilure, astheniniury or complication  ANTEC  DISEASES OR CO nise to the about t	CONDITIONS CONTRIBITED TO THE TERM OF THE	giving graphe UTING MINAL	(B) DUE TO, DR AS (C) CH OPERATION	CONSEQUENCE OF:    20A. AUTOPSY? (Yes on No line)   21C. Where Did injury occur	IN CERTIFYING C	AUSES OF E	CONSIDERED DEATH?	
MEDI	21D.TIME (Month OF INJURY (APPROX)	(Doy) (Yeor) (Hou	While A	URY OCCURRED Not While		INJURY OCCUR?			
	22. I certify that (I) (this hospital) attended the deceased fram								7/ the date
	23C. PHYSICIAN'S NAME (Typo)	in J. Rombro	mh	M. D. Atter	ding Med. Director C  BD. ADDRESS  805 Fuselage	Staff Phys.		E SIGNED 8/71	
-	BURIAL CREMATION REMOVAL (Specify)	9/10/71		of CEMETERY of CRE/	MATORY 24	D. LOCATION (C	City, town, or		(State)
L		ALTH DEPT 258 1			John J. Du	TOR:		ADDRESS	Md.
4.9	150-REV. 1/1/68								



IMPORTANT FUNERAL DIRECTOR:

25B NAME OF REGISTRAR DER John Duda, 7922 Wise Ave. Dundalk, VS 150-REV. 1/1/68

SALES .  irect or contributing cause of death (4) Undetermined cause; (5) Deceased Suc uo eath. ance 0 attend 0 prior regular mad deceased disposition = Was the assistant if death LO kind; or final attendance any pronounced embalmed fracture of examiner regular who GLO 4 3 E physician the remains medical Was Body burns; No physician the 0 fore any nature; (2) where was released to the hospital be obtained 9 (except pup 99 90 eath) hospital must An accident ᠳ 0 approval 0 prior to

D.O.A.

MOS

ceased

shows: (1)

the body

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DE I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH JOHN JOSEPH SEPTEMBER 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution residence B. COUNTY ADDRESS OR LOCATION MARYLAND BALTIMORE HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 9-17-71 CATONSVILLE AGNES HOSPITAL YES T NOX E. STREET AND NUMBER SMAI COURT 6. RACE 5. SEX MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yis If Under 24 Hrs. Hours Min. MALE WHITE WIDOWED DIVORCED 10A USUAL OCCUPATION (Give Lind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) WASHINGTON D.C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN R. MOULDEN (BROCHES) ALICE DEC 'D 15 Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT RECORD 'S BALTIMORPPRESAD SECURITY NO. 216 10 9097 HOSPITAL WILKENS ST AGNES CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Standstill LEADING TO DEATH (A) IMMEDIATE CAUSE 1This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, Injury ar complication which caused death.) Myocardial infarction ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUE rise to the above cause (A) slating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exoct location) MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E INJURY OCCURRED Not White While At -(APPROX.) Work 22. I certify that (1) (this hospital) attended the deceased from AUGUST 31 .19.7.1 SEPTEMBER 1019 71 that (W (we) last saw the deceased alive an SEPTEMBER 10, 19 71 and that In (ve) (our) apinion death occurred on the date and hour and from the causes stated above. XIX(We) (did) (AiX) view the bady after death. 23A. SIGNATURE 238 DATE SIGNED Attending Med. 10 71 23C. PHYSICIAN'S 23D. ADDRESS BALTIMORE MD 21229 TARIG MAHMOOD, M.D. ST AGNES HOSPITAL 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY (City, town, or county) Burial Loudon Park

Baltimore. Maryland CFP 1 3. 1971 Jabers 25C. FUNERAL DIRECTOR ADDRESS 1630 Edmondson Avenue 21228 VS 150-REV. 1/1/68

well property

nega se para en entre

1

9-17-71

M.H.

NAME (Type)

24A, BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV, 7/7/68

25A. DATE REC'D BY HEALTH DEPL

24B, DATE

9-13-7

8520 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO BIRTH NC. I. NAME OF DECEASED 2. DATE Month Doy Yeor Hour (Type or Print) OF GEORGE NOVAK Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET September 9, 1971 ADDRESS OR LOCATION HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY 504 N. Glover Street Maryland 7. RACE 6. SEX C. CITY OR TOWN D. INSIDE CITY LIMITS B. MARRIED NEVER MARRIED Male White WIDOWED Baltimore DIVORCED YES X NO L 10. AGE (In years last birthday) 9. DATE OF BIRTH If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Months | Doys | Hours | Min. 504 N. Glover Street 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? MARYLAND OVAK 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during-most of warking life, even if retired) MARY AURENSCHAUB UNRD 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, no grunknawn) (Il yes, give wor ar dotes of service) 213-09-6691 19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heort failure, osthenia, etc. It means the disease, Injury or camplication which caused deoth.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 228. PLACE OF INJURY (e.g., In or about 22C, WHERE DID (if In Boltimore City, give exact location) home, form, loctory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month)
OF INJURY (Yeor) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) WORK 23. I certify that I held on Inquiry Inspection X Autopsy and that on this basis, death in my opinion resulted from: Natural causes 💟 Accident Sulcide Homicide \_\_\_ Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Charles S. Springate, M.D. September 9, 1971

24C. NAME of CEMETERY or CREMATORY

ALTIMORE

258. NAME OF REGISTRAR

24D, LOCATION

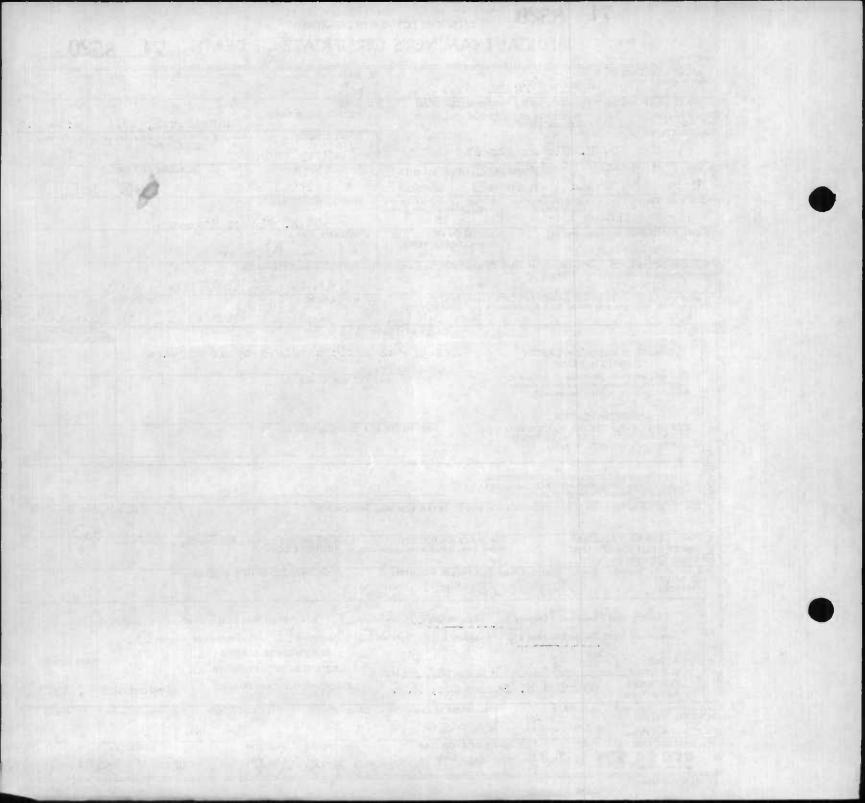
25C FUNERAL DIRECTOR

DALTO.

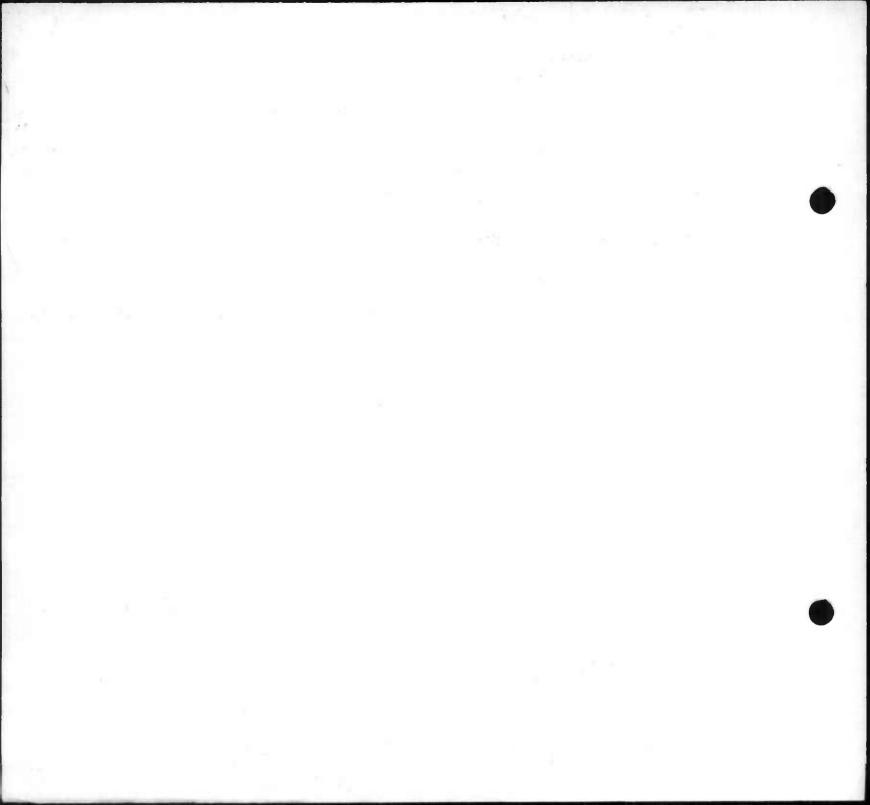
(City, town, or county)

IP

**ADDRESS** 



Type or Print)  ANNEE SCARCINER  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET  L. DIE DE D.	and sath the the	BIRTH NO. CERTIFIC	CATE OF DEATH REG. NO. 71 8521 **
A SEAL RESIDENCE TIME Secretal lived, II inclination statistics below admissions to the company of the company	deat deat cease on th	(Type or Print) ANNIE F. Schaffial	
SEE   S. BACE	the Dot	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)
The state of the s	a hos ause e; (5) ndan	HOSPITAL OR ADDRESS OR LOCATION	1111d.
SATE OF BEATH    SARRED     DATE OF BEATH     DA	ting d cau d cau	Mt. Sinai Mursing Hom	E. STREET AND NUMBER
down deading goal dwining bit, was I relived.    Compared the property of the	occurr intribu irmine egula ased s mad	WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
The property of the property o	or con Indet so in decenition	done during most of working life, even if refired)  ### ### ### ########################	MARYLAND U.S.A.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliuse, estheria, etc. It means the disease, injury or complication which coused deeth.]  ANTECEDENT CAUSES  DISEASE OR CONDITION DIRECTLY LETTER A SETTMENT OF THE MANY OF THE THE MANY OF THE THE ANY OF THE ANY OF THE THE	lirec; (4) h w hispo	George Miller	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliuse, estheria, etc. It means the disease, injury or complication which coused deeth.]  ANTECEDENT CAUSES  DISEASE OR CONDITION DIRECTLY LETTER A SETTMENT OF THE MANY OF THE THE MANY OF THE THE ANY OF THE ANY OF THE THE	the the dec	(tes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mr. Carl L Schreiner - 3207 Hamilton Rose.
LITTLE GOS and meen the mode of dying, e.g., injust of control to the detection of the disease, injust of control to the detection of the dete	his of an of an tended on	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITION, if ony, giving rise to the obove couse (A) sleting the UNDERLYING CONTRIBUTING (C).  DISEASES OR CONDITION Lost.  OTHER SIGNIFICATION DITION LOST.  OTHER SIGNIFICATION DITION FART I (A).  DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  DISEASE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  WAS PERFORM	store ar bal	heart failure, asthenia, etc. It means the disease.	
OTHER SIGNIFICANT CONDITIONS CONTEIBUTING  OTHER DEATH BUT NOT RELIED TO THE TERMINAL  DIRECTOR TO THE DIRECTOR TO THE TERMINAL THE TERMINAL  DIRECTOR TO THE DIRECTOR TO THE TERMINAL THE	exam (3) A fr n who in reg	DISEASES OR CONDITIONS, if ony, giving rise la the above cause (A) slating the	AS A CONSEQUENCE OF:
194_DATE OF OPERATION 198_CONDITION FOR WHICH OPERATION 20A_AUTOPSY? (Yes or No) 208_ IF YES_WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A_ACCIDENT WAS UNDERLYING   21B_PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING   CAUSE OF DEATH?  21B_PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING   CAUSE OF DEATH?  21B_PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING   CAUSE OF DEATH?  21B_PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING   CAUSE OF DEATH?  21B_PLACE OF INJURY OCCUR?  21D_TIME   (Monith) (Doy) (Yeo) (Houd 21E INJURY OCCUR?	medinedi buri bhys phys	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
OR CONTRIBUTING CAUSE OF Location   Cause of Cau	chief / a Body the ysici	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
APPROX.   While At   Not While   At Work   A	rtal ital No No	THE PARTY OF THE P	g. in or about 21 C. WHERE DID (If In Boltimore City, give exact lacation)
22. I certify that (I) (this hospital) ottended the deceased from 19 to 19 That (I) (we) last saw the deceased alive an 19 and that in (my) (our) apinian death accurred on the date and hour and from the causes stated abave. (I) (We) (did) (did not) view the bady ofter deoth.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S  NAME (Type)  23D. ADDRESS  NAME (Type)  23D. ADDRESS  NAME (Type)  24D. LOCATION (City, town, or county)  24D. LOCATION (City, town, or county)  25A. DATE MED SYNTERS  25C. FINERAL DIRECTOR  25C. FIN	oved be host r natu cept nd (6) tained	(APPROX) While At Work At W	Vhile [ ]
and hour and fram the causes stated abave. (1) (We) (dld) (dld not) view the bady ofter deoth.    23A. SIGNATURE	to the of any of any all (ex h); all be ob	that (1) (we) last saw the deceased alive an 9/10	19 19 19 19 19 19 19 19 19 19 19 19 19 1
Affending Med. Director Stoff Phys. 23D. ADDRESS NAME (Type)  23D. ADDRESS NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)  25A. DATA MOD AT HE DEPT. 22B. HAME OF REGISTARE 25A. DATA MOD AT HE DEPT. 2B. A	b tight	and hour and fram the causes stated above. (1) (We) (did) (did not 23A. SIGNATURE	
DEGREE  24A. BURIAL CREMATION, 24B. DATE  24G. NAME OF CREMATORY  24D. LOCATION (City, town, or county)  BURIAL  25A. DATA HOP BY THE 17 BEPT. 22B. MANE OF REGISTRAD  25C. FINERAL DIRECTOR  25C. FINERAL DIR	a to h	GEGREE	Attending Med. Staff Phys. 9/10/7/
BURIAL 9-13-71 BALTIMORE CEM. BALTO, MD.  25A. DATA POP STGIE 37 SEPT. OF 25B. PANE OF REGISTRAD.  25C. FUNERAL DIRECTOR  BRILLY WILLIAM - 2334 (Lefters of Lefters o	ficat was ) An A. at I prio	DEG	LEE 6000 PARK HIS AV
Marthy Willer 2339 (Messison 2)	Sod Vs: D.C D.C	BURIAL 9-13-71 BALTIMORE	CEM. BALTO, MD.
	the sho	SEP 13 19/1 1000	Sartly Willer - 2334 Sefferson St.



### FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY	Y HEALTH DEPARTMENT
BIRIH NO.	TE OF DEATH REG. No. 774 8592
1. NAME OF DECEASED (Typo or Print) JOSEPH H. PRICE	2. DATE AND HOUR OF DEATH 9/9/71   2.41 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE tWhere deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C.CITY OR TOWN D. INSIDE CITY LIMITE?
THE UNION MEMORIAL HOSPITAL	BALTINORE YES NO
44	E. STREET AND NUMBER  No MILTON AUE. 634
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years last birthdoy) 8 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)  ELEVATOR OPERATOR  ZNS. BLDING,	MARYLAND U.S.A.
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
JESTOMAS PRICE	WALKHOWN MARY ASHLEY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) of yes, give war of dates of Service)  SECURITY NO.	HM. Cumary, Price - 634 N. MILTON AVE
18. 12 12 4 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g.,	USE CARDIOGENIC SHOCK TA CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF
	MYOCHROIDE INFARCTION
DISEASES OR CONDITIONS, if any, giving (6) DUE TO, OR AS	A YOCARDIAC IN FARCTIONI  S A CONSEQUENCE OF:
ise to the above cause (A) stating the UNDERLYING CONDITION last.	IOSCLEROTIC CARDIOVASCULAR BISHAR
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OF COPERATION 1798 CONDITION FOR WHICH OPERATION	UDBENAL ULCER
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPST? (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED HEN OR MAY IDS	in or about 21 G. WHERE DID (If in Bolitmore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify medical examined)	Mice bidge INTURY OCCURY
21D. TIME (Month) (Doy) (Year) 1Hour 21E INJURY OCCURRED OF INJURY While At Not Whi	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not White At Work	
22. I certify that (I) (this hospital) attended the deceased from	8/23/7/ 197/ 10 9/9/ 197/
that (i) (we) jast saw the deceased alive an 9/9/	19.7 and that in(my) (aur) apinion death accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not)	
23A. SIGNATURE A. B. DEGREE PH	ending Med. Staff Phys. Director Phys. D
23C. PHYSICIANS NAME (Type)  TOSE PAZ  DEGREE	UNION TEROXIAL HOSCITAL
24A. BURIAL CREMATION, 24R. DATE 24C. NAME OF CEMETERY OF CREMOVAL (Specify)  BURIAL 9-13-71  OAK LAWN	
SEP 13 1971 DAS 228 CANA OF SECISION OF	250 FUNERAL DIRECTOR ADDRESS DE LA CONTRESS DE LA CONTRESE DE LA CONTRESS DE LA CONTRESS DE LA CONTRESE DE LA CONTRESS DE LA CONTRESS DE LA CONTRESE DE LA CONTRESE DE LA CONTRESE DE LA C
VS 150-REV. 1/1/68	



### IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. 71 8523 CERTIFICA	TE OF DEATH REG. NO. 1 8523
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)
	A. STATE B. COUNTY
FULL NAME OF   (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C, CITY OR TOWN
Dukeland NURSING Home	Ballingore, YES NO
1501 Dukeland ST	E. STREET AND NUMBER
5. SEX GRACE 17. SERVICE TO SERVI	1718 BARCLAY ST
To MARKIED NEVER MARKIED	B. DATE OF BIRTH  9. AGE (in years lif Under 1 Yr. If Under 24 His. Months Days Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired}	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   Yes, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO.	17. INFORMANT ADDRESS
SECURITY NO. 245-05-0097	
18. CAUSE OF DEATI	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAU	
heart failure, asthenia, etc. It meons the disease, injury ar complication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
(-)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OISEASE OR CONDITION GIVEN IN PART 1 (A).  194-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No.)  20B, IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED  1218. PLACE OF INJURY (a.g. in the part of	20A- AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
On contrate the Classical Contract of the Cont	or about 21 C. WHERE DID (If In Boltimore City, give exact location)
S IDEATH (notify medical examined letc.)	ite sings, its occur.
Q 21D-TIME (Manth) (Day) (Yeer) (Hour) 21E INJURY OCCURRED  OF INJURY  While At The New While	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work	· 🗆 📗
22. I certify that (i) (this has prost) attended the deceased from	129 1970 to 9/9 197/
that (I) (we) last saw the deceased alive an	19and that in(my) (our) apinian death accurred on the date
and have and from the causes stated above. (1) (We) (did) (did not) vi	lew the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
DEGREE Phys.	
NAME (type)	3D. ADDRESS
24A- BURIAL GREMATION, 24B. DATE 24C, NAME of CEMETERY of CRE	7LOO Edmondson
REMOVAL (Specify)	WATORY 24D. LOCATION (City. town, or county) (Stote)  EMT BALTI, Md
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
SEP 13. 1971 ( 68 . 8 E. Jaiber, M.D. )	ILBROWN 123 W MONTGOMERYS

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Such

	D-411			BALTIMORE CITY	HEALTH DEPARTMENT	X	100
	BIRTH NO.	71 85	24	CERTIFICA	TE OF DEATH	REG. NO	/1 8524
	1. NAME OF DEC (Type or Print)		CLAUDE			AND HOUR OF DEATH	1071 7 151
	3. PLACE IN BAL	TIMORE, MARYLAND, W	C LAUDE	SED DEAD		TEMBER 5,	
					NA. STATE B. COL	JNIT	stitution: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	MARYLAND	HOWARD	21.043 6 3.00
-	1143111011014				ELLICOTT CI	TY D. INSI	YES NO X
	1	ST. AG	NES HOSE	PITAL	E. STREET AND NUMBER	THUS I VIE	NO NO
	5. SEX	6. RACE	7. MAPPIED VI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under I Ye , II Under 24 Hrs.
	MALE	WHITE	WIDOWED	DIVORCED	01 02 11	last birthday)	Months Doys Hours Min.
	tok. USUAL OCCU	JPATION (Give kind of world working life, exertification)	•		11. BIRTHPLA CE (State of fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Ш			PUBLICA	TITONS	VIRGINIA		U.S.A.
	13. FATHER'S NAM	WE			14. MOTHER'S MAIDEN N	AME	
	APP DEL				HANNA ( GO	(NS)	
	(Tes, no of unknawn)	Ever in U. S. Armed For Of yes, give wor ar dote	ces? s of service)	SOCIAL SECURITY NO.		ENS AVES.	
	NO	1787	4	08-24-5689		IOSPITAL RE	CORDS-CATON &
	18. 4	7		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DIF LEADING TO DEATH	RECTLY		Thrombosia	Anterior bro	nch
	(This does no	ot mean the made of asthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU DUE TO, OR AS			
II	injury or com	plication which caused	death.)			1281 - Courary a	nay
		INTECEDENT CAUSES		(B) An live l		ardial infor	rclun
1	rise la the	R CONDITIONS, if abave cause (A)	any, giving Staling the	DUE TO, OR AS	A CONSEQUENCE OF:	V	
I	UNDERLYING	CONDITION last.		(c)			
	OTHER SIGNIFI	II CANT CONDITIONS COI	NTRIBITING				
I	TO THE DEATH	BUT NOT RELATED TO THE	E TERMINAL	************************			
	OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN	OPERATION 198 CON	DITION FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes or )	O) 20B, IP YES, WERE F	INDINGS CONSIDERED
	21A. ACCIDEN	T WAS LINDERLYING	121 0 01 0	CE OF INTERVAL	1123		
ш	OP CONTRIBUTE	T WAS UNDERLYING TING CAUSE OF medical examined	home, fo	arm, factory, street, aff	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	≬f In Boltimare	City, give exact locotion)
	DEATH (nosily	(Manth) (Doy) (Year)	(Haud 21 E, INJ	URY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	(APPROX)	,	While A	Not While			
	22. I certify t	that M) (this haspital)	attended the d		TEMBER 3	19 / 1 to SEP	TEMBER 5 19 71
	that (() (we)	last saw the decease	d alive an SI	PTEMBER 5	7.4		alan death occurred an the dote
	and havr and	from the causes stat	ed abave. 🗱 (W	e) (dld) (ð(d ) vi	ew the bady after death.		
	23A. SIGNATU	sohmost!		Atten	r	a. at	238, DATE SIGNED
	23C-PHYSICIAN			DEGREE Phys.	Director L	Shaff Phys.	09 05 71
	PHYSICIAN NAME (Ty					GNES HOSPI	
2	4A. BURIAL CREW	TARIG MAHMI	24C.NAME	DEGREE			BALTO., MD. 21229
	BURIA!	9-8-7	1 Goo	d SheF	hand B	Miott PT	md
	DATE REC'D	BY HEALTH DEPT.	Jaber M.	GISTRAR	25C. FUNERAL DIRECTO	11 17	Il will of my
1	C 1 2 7	163e 5 E.	Marcer 12	-	MOINERMIN	-SlACK 1-	9/1/19/

A PORT OF LATE OF SHARE The second of th Learner B. C. Lander Land Market 

#### IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such BIRTH NO. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 50 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence à. STATE ance B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN attend D. INSIDE CITY LIMITS? 0 prior E. STREET AND NUMBER made. regular 5. SEX 9. AGE (In years lost bitthday) 6. RACE DATE OF SIRTH MARRIED NEVER MARRIED II Under 1 Yr. deceased WIDOWED DIVORCED disposition is 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? 5 done during most of working life, even if retired) Watkins Printer Printing Was the 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME Charles H. Anne K. Zink alaner 6 death 15. Was Decoased Ever in U. S Armed Force? (Yes,na or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT final 2-01-3939 Solin: John Waldner attendance Yes WW I any pronounced 10 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., OR AS A CONSEQUENCE OF: DUE TO. heart failure, asthenia, etc. It means the disease, examiner regular examiner. injury or camplication which caused death.) Celik ANTECEDENT CAUSES who (B) DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving 3 rise to the above cause (A) stating the E physician UNDERLYING CONDITION last the remains medical Was medical **burns**; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). chief Body 198 CONDITION FOR WHICH OFERATION 19A. DATE OF OPERATION 20 A. AUTOPSYZITES OF No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 WAS PERFORMED before the 3 OR CONTRIBUTINO CAUSE OF 218, PLACE OF INJURY (e.g., in or goout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where (If In Boltimore City, gly exoct location) the hospital MEDICAL DEATH (notify medical examined any nature; obtained 21 D. TIME OF INJURY (Month (Doy) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved Not WHITE (except While At (APPROX) and Work Work 22. I certify that (1) (this hospital) attended the deceased from 0 death); that ((1) (we) last saw the deceased altre an Pe and that in(my) (aur) optnian death accurred an the date of hospital and haur and fram, the causes stated above. (1) (We) (ita) (did nat) view the bady after death. was released must accident 23A SIGNATURE 238, DAVE SIGNED Attending | Med. 2 approval Phys. Director 8 23C. PHYSICIAN'S NAME (Tupp) prior 23D. ADDRESS at An D.O.A. DEGREE 24A. BURIAL CREMATION, REMOVAL (Specily) pespese 24B, DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) the body shows: Burial 9/9/71 Park Moreland Memorial Baltimore Was SEP 13. 1971 VASUA 25C, FUNERAL DIRECTOR Robert C. Alt 6009 Harford tenburg Funeral Home Rd. VS 150-REV. 1/1/68

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NO

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

Maryland

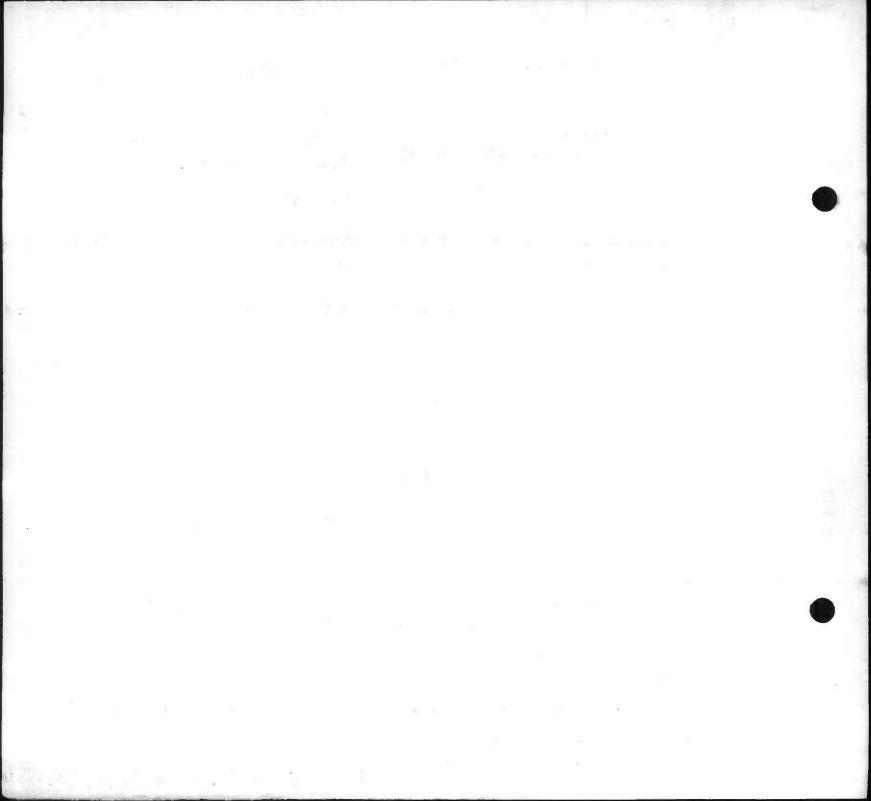
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If Under 24 Head

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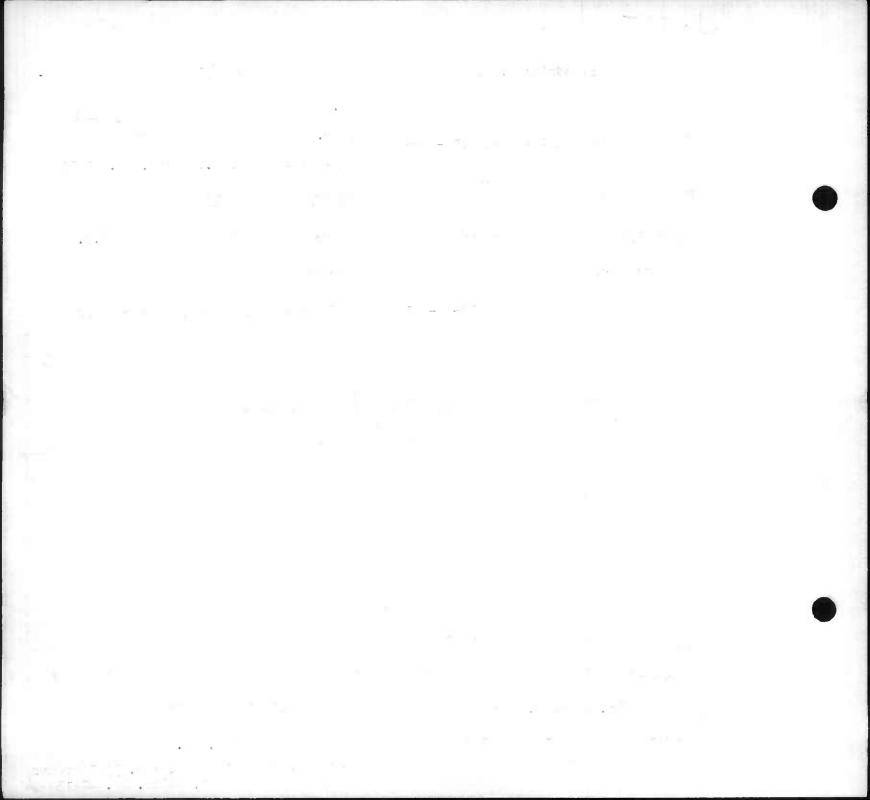
	7-632 RTH NO.	71	8526		HEALTH DEPARTMENT		71 8526
	NAME OF DECE ype or Print)	Edward	T. Fri	tsche		AND HOUR OF DEATH	
3.	PLACE IN BALT	IMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	Vhere deceased lived. If in	stilution: residence before admission)
	ULL NAME OF	(IF NOT IN HOSPI)	AL OR INSTIT	UTION, GIVE STREET	Maryland	TINUT	274-5
H H	OSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
ľ	44	D.O.A.			Baltimore		YES X NO
L	99	Union Me	morial	Hospital	3009 Rose	elawn Ave.	
	Male	White	WIDOWED		8. DATE OF BIRTH 9/27/1913	9. AGE (In years	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
t0.	A. USUAL OCCUI	PATION (Give kind of worl orking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Plumbe		Linai	Hospital	Maryland		U.S.A.
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN N	IAME	
	Herman	Fritsche			Unknown		
15. (Ye	Was Deceased Es, no or unknown)	ver in U. S. Armed For If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
L	No			214-03-1850	Gertrude I	Fritsche - :	3009 Roselawn Ave
	18. 4/	131		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE	OR CONDITION DI	RECTLY			F	
	(This does not	meon the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE ONTO MATY CONSEQUENCE OF:	insufficier	100 13 years
	injury at campl	sthenia, etc. It means lication which caused	the disease, deoth.l	70E 10, 01 A3 ,	CONSEQUENCE OF:		
	A	NTECEDENT CAUSES		Coron	ory arte	riose erosi	
	DISEASES OR	CONDITIONS, if	any, giving	(B)	A CONSEQUENCE OF:	1046161021	
	UNDERLYING	obove cause (A) CONDITION lost,	stoting the	(c)			
		П		( -/			***************************************
ERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR COI	ANT CONDITIONS COL BUT NOT RELATED TO TH NOTION GIVEN IN PAR	TE TERMINAL	Panci	-eq 4,415	chronu	****************************
ERTIFIC	19A-DATE OF O	WAS PERF	ORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
CALC	21 A. ACCIDENT OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING NG CAUSE OF edicol exomined	218, home elc.)	e, torm, toctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct locotion)
MEDI	21 D. TIME () OF INJURY (APPROX.)	Month) (Doy) (Year)		INJURY OCCURRED  Not While	21F. HOW DID II	NJURY OCCUR?	
	22. I certify th	ot (I) (this hospital)			man. 9	10 500	
	thot (I) (wa) Id	st sow the decease	d olive an	fine 9,	19.71 ond	that in (my) (eer) opin	ion death occurred on the dote
	and hour and f	rom the causes stat	ed above. (I)	(We) (dtd) (dld not) vi	ew the body after death	•	
	23A. SIGNATURE	000	Jan	Athen	ding X Med.	Staff [77]	23B. DATE SIGNED
	23C. PHYSICIAN NAME (Type	S	A	DEGREE PHYS.	Director L	Phys.	
	TONE TOP	R. Donald	Jando	rf, M.D.	7403 Harford	RdBalto	, Md. 21234
24A	BURIAL CREMA	ATION, 24B, DATE		ME of CEMETERY OF CREA			town, or countyl (Stotel
25.	Burial	9/11/7	Figure 1750s	kwood Cemet	ery Ba	ltimore	Maryland
25A	SEP 13	971 (728:08 8	SS. TIAMI O	LEGISTRAR .	Robert C. A	Ltenburg Fu	ineral Home, Inc.
1/8	150-9EV 1/1/48				Jours Harro	ord Rd Ba	atimore, Md.2121



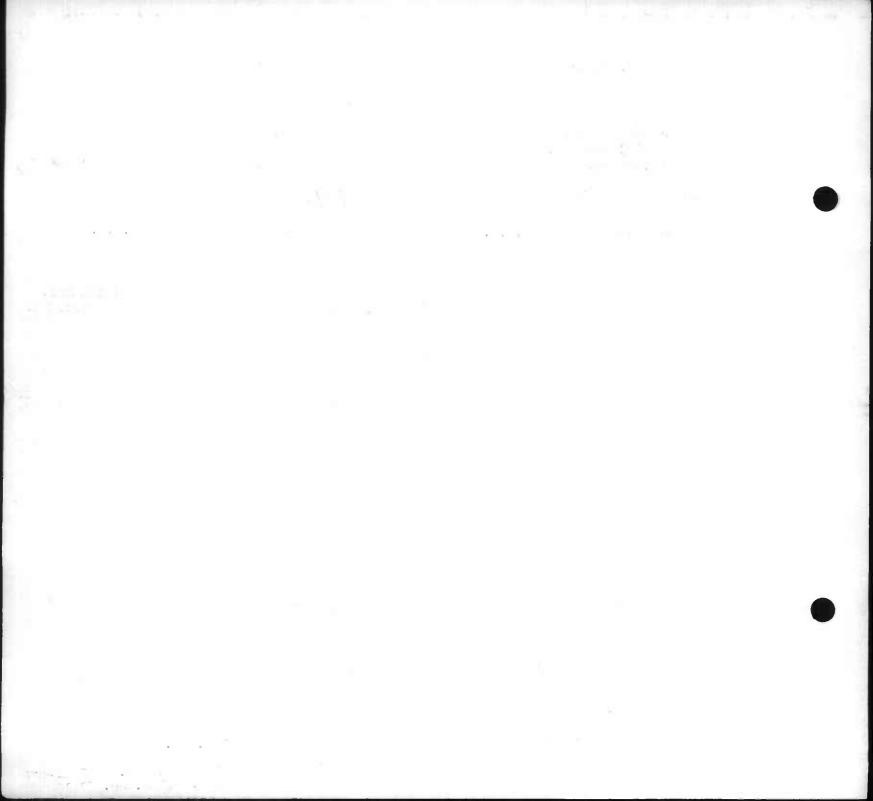
# FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	1-514	)	A (2) 184	BALTIMORE CIT				D Car Just
BII	RTH NO.	71. 8	3527	CERTIFICA	ATE OF DEATH	REG. NO.		002/
	NAME OF DECEA	SED			2. DATE	AND HOUR OF DEA	тн	
		Kathe	rine G.	Janzen		9/6/71		P.
3.	PLACE IN BALTIA	AORE MARYLAND,	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. I	f institution:	residence before admiss
FU	ILL NAME OF	(IF NOT IN HOSP	TAL OR INST	TUTION, GIVE STREET	Md.			264
H	STITUTION	ADDRESS OR LO	CATION)		C. CITY OR TOWN	D. 1	NSIDE CITY	LIMITS?
ľ		Johns Hon	leina Ho	mital DOA	Balto.		YES X	] NO []
	201	doms nob	KINS NO	spital - DOA	E. STREET AND NUMBER			
	(3) (3)				3447 Cliftm	nont Ave., E	Balto.	Md. 21213
3.		RACE	7- MARRIE	D 🔀 NEVER MARRIED 🗌	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Und	er 1 Yr. II Under 24 1 Doys Hours Min
L.	F	W	WIDOWE		9/27/97	73		
dor	N. USUAL OCCUFA  ne during most of wor	ATION (Give kind of wo king life, even if retired	ork 108, KIND (	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oteign country)	12, CIT	ZEN OF WHAT COUN
1	housewi	fe	a	t home	Hungary			U.S.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME		0.0.
	מונו	known			unknown			
15.	Was Decembed Ev	er in II. S. Annual E.	oices?	1 6. SOCIAL	17. INFORMANT			ADDRESS
(Te		yes, give wor or do	les of service					No Bress
-	118.			213-03-6910	Arnold Janze	n (husband)	same	
	1 5 7 9			CAUSE OF DEAT	н			APPROXIMATE INTERVA
		OR CONDITION D			Pl+-	11. 12	_	14.
(This does not meon the made of dying, e.g.,								
W.	(This does not	meon the made o	of dying, e.g	0115 50 00 10		Heart De	SCASS	Years
	heart failure, ast	meon the made o	s the disease	0115 50 00 10	A CONSÉQUENCE OF:	Heast VI	SCGSL	Years
	heart failure, ast injury ar compli	meon the made a thenia, etc. It mean cation which cause	s the diseased death.)	0115 50 00 10		Heast Of	SCGSS.	Years
	heart failure, ast injury at compli-	meon the made of thenia, etc. It mean cation which cause TECEDENT CAUSE	s the diseased death.)	DUE TO, OR AS	A CONSEQUENCE OF: Withal Steno	HEAST OF	ral	Years
	heart failure, ast injury at complication AN' DISEASES OR rise to the	meon the made a thenia, etc. It mean cation which cause TECEDENT CAUSE CONDITIONS, if above cause (A)	s the diseased death.)  S  any, giving	BULLIO, OR AS		Mean Oi	ial	Years
	heart failure, ast injury at complication AN' DISEASES OR rise to the	meon the made of thenia, etc., it mean cation which cause TECEDENT CAUSE CONDITIONS, if	s the diseased death.)  S  any, giving	BULLIO, OR AS	A CONSEQUENCE OF: Withal Steno	HEAN OF	rease	Years
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1	7 15	-		BALTIMORE CITY	HEALTH DEPARTMENT	1	1-1.4	8528
	TH NO.	71 8	3528	CERTIFICA	TE OF DEATH	REG. NO	71	8350
	Pe or Print)	Mr. Albert (	Gorman			7/71	1	1A:M
3.	PLACE IN BALT	TIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution; resid	dence before admission)
H	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Md.	BALTO		5 300
IN	NOITUTITE	kins Memoria	al Hoeni	+el	C. CITY OR TOWN	D. INS	IDE CITY LIMI	-
6	2 4	O Caton Ave	-	var	Baltimore  E. STREET AND NUMBER		YES 🔼	ио 🗌
. 1		timore, Mar		229	115 Hopki	ns Road		
5. :	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	% AGE (In years	II Under 1	Yr. If Under 24 Hrs.
M	ale	White	WIDOWED		8/25/90	last birthdoy)	Months D	oys Hours Min.
104	USUAL OCCU	PATION (Give kind of wo	rk 108. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or Ic		12. CITIZEN	OF WHAT COUNTRY?
F	oduring most of w	vorking life, even if refired) LKET	1	. Railroad	Baltimore, M			S.A.
13.	FATHER'S NAM	AE			14. MOTHER'S MAIDEN N	AME		
1.0	Komin				Munak			
(Ye	wes Deceosed (no or unknown)	Ever in U. S. Armed Fe	erces? les of service)	SECURITY NO.	17. INFORMANT		1000 t	aton Ave.
	Unknown			SECURITY NO. 705-03-6027	Jenkins Memor	ial Hosnital		Ltimore, Md.
	18.	9.0		CAUSE OF DEAT		. and and product	1	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION D	IRECTLY		0	-	BET	WEEN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAU	E PHOMENIAN.	10.		286-140
	(This does no	of mean the made of	dying, e.g.,	OHE TO OD AC	A CONSEQUENCE OF:			12 hours
	injury ar cam	aslhenia, elc.    mean: plication which cause	s ine disease, d death.)		1			
	ANTECEDENT CAUSES				a harre		1	2 M. T.
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS				A CONSEQUENCE OF			3 minute
	rise to the	above cause (A)	stating the		- D.	D. /		7 16-
	UNDERLYING	CONDITION last.	15	(c) C/101	MC Prain	Tralegi	We-	3 Xears
		11						
NOL	OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING				İ	
K	DISEASE OR CO	NOTION GIVEN IN PA	RT 1 (A).		*****************			
ERTIFIC	19A-DATE OF	OPERATION 198 CON	NOITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or )	No. 208, IF YES, WERE	FINDINGS CO	DNSIDERED
ERT	03.4					ar banning CA	COLO OF DE	
S	OR CONTRIBUT DEATH (notify	T WAS UNDERLYING [ FING CAUSE OF medical examines)	218, ham etc.J	e, form, foctory, street, of	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(li in Bolilmor	e Cliy, give e	xact location)
MEDI	21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
₹	OF INJURY (APPROX.)		Whi	le At Not While	П	-		
		I (16 (a) - 1	Wor			70		1-
-		that 🗳 (this hospita		ne deceased fram	July 11	_19 <u>49</u> _ta		1/7_19.7/
		last saw the deceas		7//		that in (my) (our) apli	nian death (	accurred an the date
	and have and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.							
23A, SIGNATURE					IGNED			
	4	Качина.	1 111	Alter Dhum	Med. Director	Staff Phys.	G	1/2/21
	23C. PHYSICIAN NAME (Ty	rs		D C O NEL	3D. ADDRESS	rnys.	7	11/1
	NAME (IV		and Cla	duo				
24A	BURIAL CREW	J. Raymo	ond Gla	ME of CEMETERY OF CRE	Jenkins Me	morial Hos	pital	
	REMOVAL (Sp	ecify)						ounty) (Stote)
25.6	burial	9/10/7		rkwood Cemeter	V I	Balto. Md.		
23A	CD 4 a 4	HEALTH DEPT.	258 NAME O	REGISTRAR	25C. FUNERAL DIRECTO	R.	_	ADDRESS
_	CL 1201	VIII	1		Shortimonisk :	Buneral Homes	Inc.	3331 Brehms
VS '	50-REV. 1/1/6	8				- 14B0, H	HO. H	<del>d. 21213 =</del>



1/			RALTIMODE CITY	HEALTH DEPARTMENT	. 1	141.8	00
H-130	10. A	-00			REG. NO.	11	8529
BIRTH NO.	71 85	) Z 3.	CERTIFICA	TE OF DEATH	KEG. NO		
1. NAME OF DECEA	4	^	770	2. DATE	AND HOUR OF DEATH		
H	AUPT	HUGUS		9/	7/7/		10:55 b M
3. PLACE IN BALTI	MORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE PW A. STATE B. CO	here deceased lived. If in	stitution: r	esidence before odmission)
FULL NAME OF	(IF NOT IN HOSP	ITAL OR INSTIT	UTION, GIVE STREET	Md. STAX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
HOSPITAL OR	ADDRESS OR LOC	CATIONI		C. CITY OR TOWN		IDE CITY L	
.38				GlenBurnie		YES	No [¥
11	.11			E. STREET AND NUMBER			
UNIVERSIT	Y HOSPIT	A /.		241 CHEN	GARY (TAI	2711	GlENBURNIE
5. SEX 6	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Unde	T 1 Yr. If Under 24 Hrs. Doys Hours Min.
М	W	WIDOWED	DIVORCED	5-24-1902	60	Months	Doys Hours Min.
10A. USUAL OCCUP	ATION (Give kind of wo king life, even il retired)	rk 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITI	ZEN OF WHAT COUNTRY
Foreman	king me, even il tented)		Electric Co.	Maryla	nd	ı	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N			U.S.A.
0-	- MO O TI -	40					
	orge Hau	*			Unknown )		
(Yes, no of unknown)	er In U. S. Armed For yes, give wor or do	tes of service)	SECURITY NO.	17. INFORMANT			ADDRESS 21061
No			212-05-3320	Mrs. Annetta	M. Landon. 2	41 G1	engary Garth
18. 4 4 4	40		CAUSE OF DEATH				APPROXIMATE INTERVAL
	OR CONDITION D		Antonio	instan	1	1	BETWEEN ONSET AND DEATH
	ADING TO DEATH		(A) IMMEDIATE CAU	SF.	roses.	automic land	24 bours
heart failure, as	meon the made a thenio, etc. It means	s the disease.		CONSEQUENCE OF:			
injury ar campli	calion which cause	d death.)		1 P	0		
AN	TECEDENT CAUSE	S	10 Sevene	Arteriors	leroses	-	
DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
UNDERLYING	above cause (A)	stating the	(*)				
	11		(c)				
O THER SIGNIFICA	II INT CONDITIONS CO	NTPIRITING					
E I IO THE DEATH P	UT NOT RELATED TO	THE TERMINIAT	**********				
19A. DATE OF OI	ERATION 198 CON	VIDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or )	No) 208. IF YES, WERE	INDINGS	CONCIDERED
9 6 /	71 WAS PER	REFORMEDTH	combosis		IN CERTIFYING CAL	JSES OF E	DEATH?
OR CONTRIBUTE	WAS UNDERLYING	218,	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore	City, nive	e exoct location)
DEATH (notily me	dicol exomined	etc.)	o, lorm, foctory, street, olf	ce bldg., INJURY OCCUR?		,	and the bridge
D 21 D. TIME IN	lonth) (Doy) (Year)	(Houd 21 E.	INJURY OCCURRED	21 E HOW DID II	IIIIay 6 a allas		
OF INJURY (APPROX)	Walter Transfer		e At Not While	21F. HOW DID IN	IJORY OCCUR?		
		Worl	At Work			. /.	
	it (1) (this hospita		e deceased fram	9/6	19 2( to	9/7	19_7
	it sow the decease		9/ //	19_7/and t	hat In (my) (our) apir	lan deat	h accurred an the date
and hour and fr	an the causes sta	ted abave. (I)	(We) (did) (did nat) vi	ew the bady after death.			
23A. SIGNATURE	11	10	42			23B. DATE	SIGNED
1 1	DI 8/194	mas !	Affen Phys.	ding Med.	Staff Phys.		
23 C. PHYSI CIAN'S NAME (Type	101	-		BD. ADDRESS	rays. —	1	
INAVIE (Type)	Jose V.	Toles	I'MS M.D	UNIVERSIA	Val Manie	la ain	Machinel
4A BURIAL CREMA	TION, 24B, DATE	124C NA	DEGREE ME of CEMETERY OF CREA		y of IARYL	THYD	MOSPITAL
REMOVAL (Spector)	ilyl 0-11-10	271 T		1.190		y, town, or	
	9-11-19		raine Park Cem			ne Ar	undel Co., Md.
SA. DATE REC'D BY	HEALTH DEPT.	258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO			ADDRESS
SEP 19	TIT CAR	E Tail	Ly PES.	Howard H. Hu	Bbard, 4107	Wilker	ns Ave. 2127/9
S 150-REV. 1/1768							

-3 ft #2-11-3 program program in the contract of the contrac for a contract that is a superconstant finite constant CONTRACTOR OF CONTRACTOR OF STATE OF ST

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

B-251	BALTIMORE CITY	HEALTH DEPARTMENT	17	1 8530	
BIRTH NO. 71 8530	CERTIFICA	TE OF DEATH	REG. NO		
T. NAME OF DECEASED B MD 107			AND HOUR OF DEATH		
BUUNY, ANNA MARIE			TEMBER 8, 1	971 2:	30 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	A. STATE B. CC	Vhere deceased lived. If in	istitution: residence before	ore admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET	MARYLAND C. CITY OR TOWN	ID. INS	IDE CITY LIMITS?	2 3 1
ST AGNES HOSPITAL		BALTIMORE		YES NO	
40		3537 WILK		2122	9
SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		Under 24 Hrs.
FEMALE WHITE WIDOWED	DIVORCED	03-11-17	lost birthday)	Months Days Hou	ors Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF lone during most of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	foteign country)	12. CITIZEN OF WH	AT COUNTRY?
Housewife		WEST VIRG	INIA	USA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Rosco Fittro		Madge (	G. Floyd		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	RECORD'S BA	LT I MORPERES	21229
NO	233 - 30 - 5665		HOSPITAL WI		ATON AV
18. 4 50,01	CAUSE OF DEAT	1			TE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		2 /		2 4	/
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE Dianchop	neummia	24	nrs,
heart failure, asthenia, etc. It means the disease.	DUE TO, OR AS	A CONSEQUENCE OF:			
Injury or complication which caused death.)	C. /	( )	1//	4/-	12 -
ANTECEDENT CAUSES	(B) UC	parachnoia	Domorrhag	10 70	ays
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	\/. \/.	A CONSEQUENCE OF:		>	
ONDERENING CONDITION IDE	(c)		/ · · · · · · · · · · · · · · · · · · ·		**************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	*****			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (A).  19A-DATE OF OPERATION 19B CONDITION FOR W WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1218.	HICH OPERATION	20A. AUTOPSYT (Yes or	No) 20E. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERE USES OF DEATH?	.D
OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., in a, larm, foctory, street, o)	or about 21 C. WHERE DID	(If In Boltimor	e City, give exact location	an)
	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
(APPROXI	Not While	'm			
22. I certify that (1) (this hospital) attended th		LEMBER 94.	19 71 to SEP.	EMBERAD.	19 77
that (() (we) last saw the deceased alive and		4 /	that In ()6) (our) opli		and I I destifications are
ond have and from the causes stated above. (W (We) (did) (d/d/n)(t)(view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED					
CHARLES R. CHANEY, M.D.	- 3.3	3D. ADDRESS ST AGNES HO			21229 ON AVE
4A. BURIAL CREMATION, 24B. DATE 24C.NA	ME of CEMETERY of CRE			ly, town, or county)	(State)
Burial 9-10-1971 Lou	don Park Ceme	tery	Baltimore, Mar	ryland	
SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF	FREGISTRAR	25C. FUNERAL DIRECT	OR	ADDRES	0 - 0 0 0
SEP 13 1971 R. R. & S. Jacken	RD O	Howard H.	lubbard, 4107	Wilkens Ave	21229
3 13U-KEV. 1/1/68 T					

CARROLL CONTROL COST 11.16 Server I III by Substrate or in the court ζ.

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## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

- 11		
	F-204	HEALTH DEPARTMENT
	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 11 8531
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
1	(Type or Print) Walter F Eisel	September 8, 1971 8. 40 P. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission A, STATE B, COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore 2802
	N3III IION	b. Major diff timina
	00	Baltimore YES X NO
	4309 Liberty Hts, Avenue	4309 Liberty Hts, Avenue
	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Ye If Hades 24 Mes
	Male White WIDOWED ☑ DIVORCED ☐	12-18-1891   lost birthdoy  Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Clerk	Baltimore, Maryland USA
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Eisel	Rosalie Unknown
	5. Wes Decessed Ever in U. S. Armed Forces? Yes, no or unknown) [If yes, give wor or dotes of service)   SECURITY NO.	17. INFORMANT ADDRESS
		Irving Hinton-4309 Liberty Hts, Avenue
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAU	
	heoil failure, ashenia, etc. Il means the disease, injury or complication which caused death.)	CONSEQUENCE OF: Heart Disense
	ANTECEDENT CAUSES	+ 11/2 DI + 5 la
	(B) / m (s)	A CONSEQUENCE OF:
I	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	9
	- 11	1 / 0 1 0 /
I	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	hid lasteno - Scleron -
li	DISEASE OR CONDITION GIVEN IN PART 1 (A).	1204
	WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, farm, factory, street, office DEATH (notify medical examiner)	or obout 21 C. WHERE DID (If In Boltimore City, give exact location) ice bidg
	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While At Wark	
	22. I certify that (i) (this hospital) attended the deceased from	u-10 1959 to 9/8 19.9/
	that (i) (we) last saw the deceased alive an 9 4	19and that in(my) (ever) apinion death accurred on the date
	and hour and from the causes stated above. (1) (We) (did) (didenst) vi	ew the bady after death.
H	23A. SIGNATURE	23R, DATE SIGNED
	Tail J. Chamber Degree Phys. 23C. PHYSICIAN'S	Director Phys.
	NAME (Type)	BD. ADDRESS
	FAST L. Chambers - M. DEGREE  AA. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMPTRY OF CREATION.	100 - W. bold Spring () Jutter Med
	REMOVAL (Specify)	<i>y</i> ,,
П	Burial 9-11-71 Lorraine Cemete	Paltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.

SEP 13 187 25B. NAME OF REGISTRAR

SEP 13 187 25B. NAME OF REGISTRAR

ADDRESS

Armacost Funeral Chapel -4600 Liberty Hts

the second secon

24C. NAME of CEMETERY or CREMATORY

Parkwood Cemetery

258. NAME OF REGISTRAR

24D. LOCATION

Parkville

25C. FUNERAL DIRECTOR

(City, town, or county)

Lasgahm Funeral Home 7401 Belair Rd. Balto.

**ADDRESS** 

(Stote)

25A. DATE REC'D BY HEALTH DEPT.

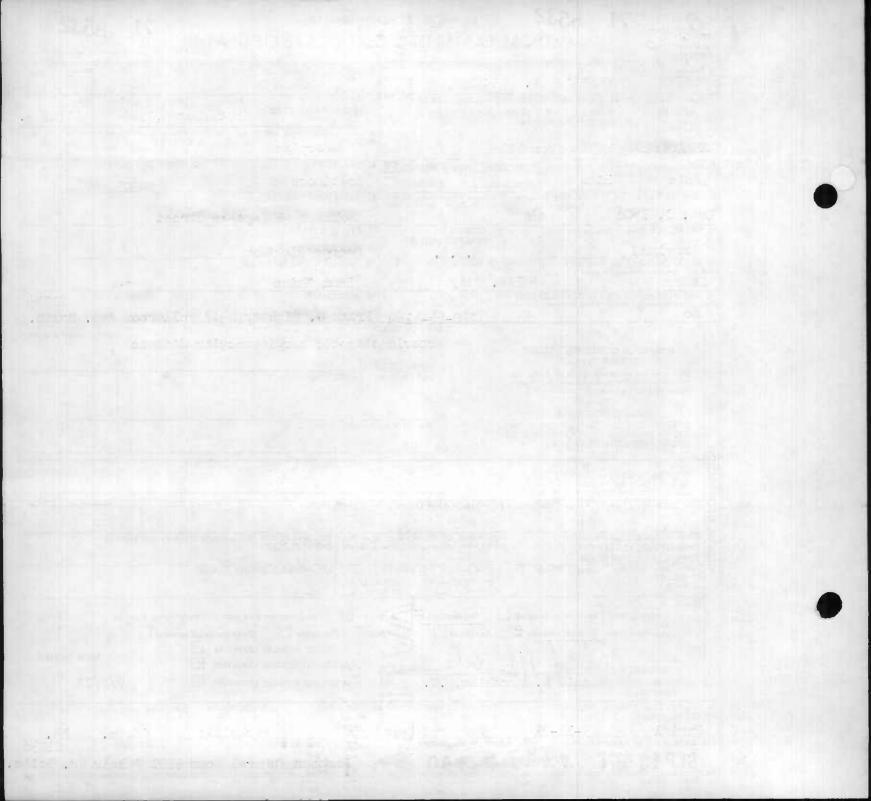
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VS 151-REV. 1/1/68

REMOVAL (Specify)
Burial

NAME (Type)

24A. BURIAL CREMATION,

24B. DATE



contributing etermined 0 (4) Und direct IMPORTANT kind; any DIRECTOR: FUNERAL any nature; (2) the hospital

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE/AND HOUR OF DEATH (Type or Print) ROBERTA 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before A. SIATE B. COUNTY A. STATE & COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YORK NO IX YES THE JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER 2317 Loucks RD. 5. SEX 6. RACE 9. AGE (In years lost birthdoy) 55 ma 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED If Under 1 Yr. Months Doys II Under 24 Hrs. Hours FEMALE WHITE WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working tife, even if retired) Fairfield, Penna. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOWARD CARSON SXXXXX LOTTIE Stehm ō 15. Wes Deceesed Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 174-01-3650 Leber Funeral Home, 200 Carlisle Ave. 17404 or CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.) 8 ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the remains UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES amor 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY le.g., in or ebout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (II in Bollimore City, give exect lecetion) MEDICAL DEATH Inatily medical examined 21 D. TIME (Doy) (Hour) (Month) (Yeor) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) lost sow the deceased olive an. that In(my) (aur) apinian death accurred an the date and how and from the couses stoted above (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Med. approval Phys. 23C. PHYSICIAN'S 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Stote) REMOVAL (Specify! Buria1 9-11-1971 Lind Mem. Meth. Cemetery Lewistown, Mifflin Co., Pa. 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR

25C, FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Ave.

21229

VS 150-REV, 1/1/68

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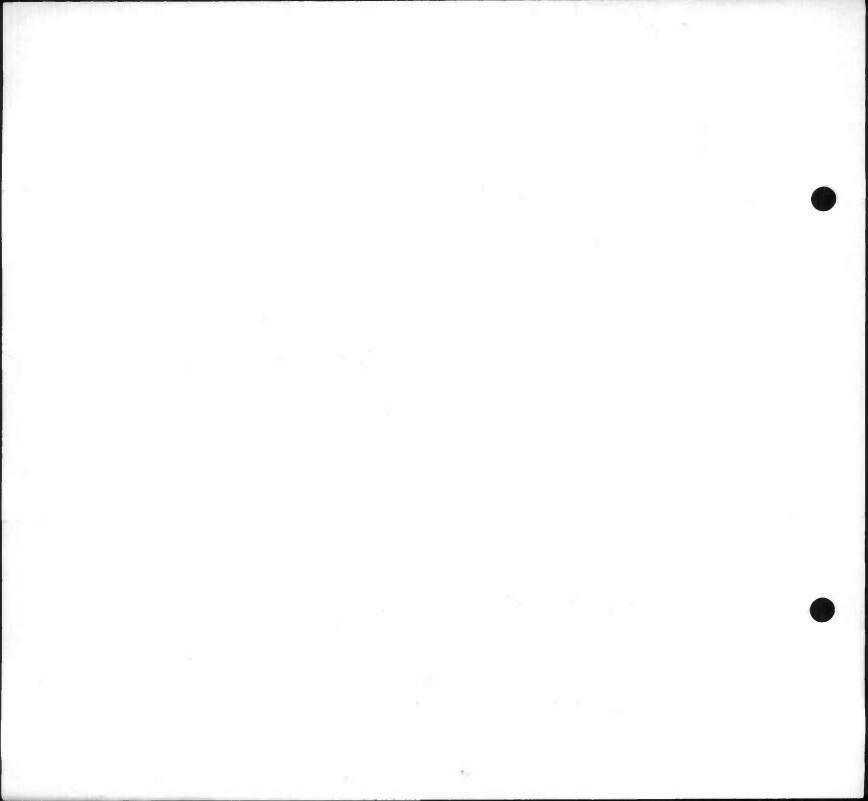
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH (4) Undetermined cause; (5) Deceased Such of death I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 20 Johnnie Daniel Green Sept. 8, 1971 hospital 4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOLINGED DEAD ance de contributing cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN attend 5 0 D. INSIDE CITY LIMITS? Public Health Service Hospital Baltimore YES X NO prior E. STREET AND NUMBER 3100 Wyman Parkway occurred 508 S. Castle St. regular 5. SEX 6. RACE B. DATE OF BIRTH mag 9. AGE (In years If Under 1 Yr. 7. MARRIED THE NEVER MARRIED If Under 24 Hrs. deceased Hours Months: Doys lost birthdov DIVORCED WIDOWED 10A USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2 done during most of working life, even if retired) Texas Oiler USA Seafarer Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME Daniel B. Green Clara Cass death LO O 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance Records- US PHS Hospital. Balto, Md. No 450-09-6108 pronounced 18. CAUSE OF DEATH OF APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed Bilateral focal pneumonia LEADING TO DEATH Days (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. 11 means the disease, regular injury or complication which caused death.) Broncho-esophageal fistula Davs ANTECEDENT CAUSES (B)\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, il ony, giving rise to the abave cause (A) stoling the 4 years Carcinoma of esophagus physician remains UNDERLYING CONDITION lost **SDM** CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

YES

YES 1198 CONDITION FOR WHICH OPERATION the WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218, PLACE OF fNJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) to the hospital °N MEDICAL DEATH (notify medical examiner) any nature; obtained 21D. TIME OF INJURY 9 (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR (except Not While (APPROX.) and 22. I certify that (I)(this hospital) attended the deceased from..... July 9 Sept that (1) (we) last saw the deceased alive an Sept. 8 19 71 and that in (ply) (aur) opinion death occurred on the date of hospital death) the body was released and have and from the causes stated obove. (1) (We) (did)/(djd/nót) view the bady after deoth. must 23A. SIGNATUR 23 B. DATE SIGNED Attending Med. 0 Director 9/8/71 approval 8 23C. PHYSICIAN'S prior 23 D. ADDRESS ŧ NAME (Type) Robert E. Belliveau, Surg US PHS Hospital, Balto, Md. D.O.A. 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE eceased (City, town, or county) REMOVAL (Specify) 9-10-1971 Glen Haven Cemetery GlenBurnie, Anne Arundel Co., Md. Was 25A. DATE REC'D BY HEALTH 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68

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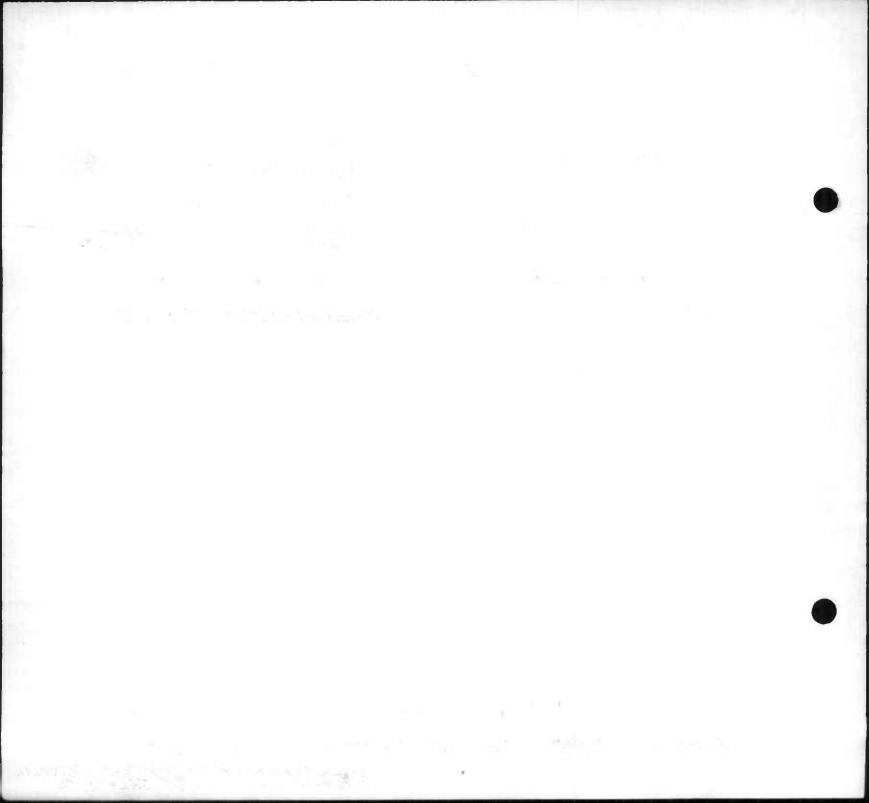
	1 - 16 - 2	HEALTH DEPARTMENT REG. NO. 71 8535
		TE OF DEATH REG. No. 1 8535
	(Type of Print)	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE R. COHNEY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	md. 1902
	INSTITUTION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
		E. STREET AND NUMBER
	University Hosp.	328 of Stricker
		DATE OF BIRTH 9, AGE (In years If Under 1 Yr., If Under 24 Hrs., Months; Days; Hours; Min.
	WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1	7/6/19/2 59
	done during most of working life, even if relired)	1. EIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME at Home	4 MOTHER'S MAIDEN DAME
.		4. MOTHER'S MAIDEN NAME
	15. Wos Deceased Eyer in U. S. Armed Forces? 16. SOCIAL 17	Jotul Dest.
	SECURITY NO.	ADDRESS Above
H	18. CAUSE OF DEATH	W. Howard Seifert
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not meen the made of dying, e.g.,  (A) IMMEDIATE CAUSE (DIFTO OR SALE)	Corbrorrise where each of
Ш	head foilure, ostherio, etc. Il meons the disease, injury ar camplication which caused death.)	CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if ony, giving	CONSEQUENCE OF:
	rise to the obove cause (A) stating the UNDERLYING CONDITION tost. (C)	14
$\parallel$	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
	OISEASE OR CONDITION GIVEN IN PART 1 (A).	20A- AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- 11	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in o OR CONTRIBUTING   CAUSE OF home, form, foctory, street, office etc.)	of obout 21C, WHERE DID (II in Boltimore City, give exect location) bidg., INJURY OCCUR?
	Q 21D-TIME (Month) (Dov) (Year) (Hour) 21E IN 111BY OCCUPAND	21F. HOW DID INJURY OCCUR?
	(APPROX.)  While At Not While At Work At Work	
	22. I certify that (1) this hospital) of ended the deceosed from Octo	ober 16 19 66 to Present 19
	that (I) (we) last saw the deceased office an May 13	19 71ond that in(my) (aur) opinion death occurred on the date
	ond hour and from the causes stated obove. (1) (Wa) (did not) view	w the body ofter death.
1	23A-SIGNATURE	238, DATE SIGNED
	23 C. PHYSICIANS SALES AND JOURNES CONSTRUCTION AMONG	Med. Staff 10 September 71
	NAME Stype For W. K. Gallager, Jr. M.D.	ADDRESS
2	Laurence R. Gallager, M.D.  24A. BURIAL CREMATION, 124B. DATE  24C. NAME of CEMETERY of CE	3455 Wilkens Avenue - 21229
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA	ATORY 24D. LOCATION (City, town, or county) (Stote)
2	25A, DATE REC'D BY HEALTH DEPT 25B MADE OF GROSTRAR	250, FUNERAL DIRECTOR MODRESS
	SEP 13 1971	John Ja Gowan Lou Inc. Libling St
V	VS 150-REV. 1/1/68	The state of the s



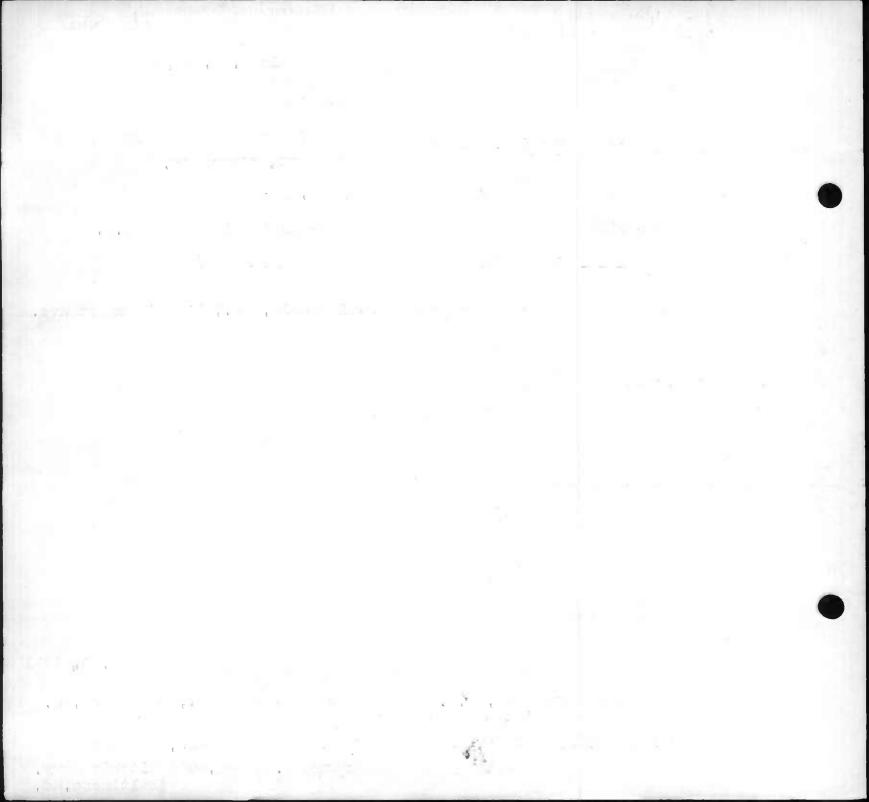
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

VS 150-REV, 1/1/68

	U-360 71 0536 CEPTIFICA	TE OF DEATH REG. NO. 71 8536
	I. NAME OF DECEASED	
(Type or Pant) Plea Ether Odoran 2. DATE AND HOUR OF DEATH MILE		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY  A. STATE  B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Ohio
	1831101108	C. CITY OR TOWN D. INSIDE CITY LIMITS? Salem YES NO
.	The Johns Hopkins Hospital	E. STREET AND NUMBER
		763 Lincoln Avenue 44460
	Female Cau WIDOWED DIVORCED	9/06/93  9. AGE (in yeers If Under 1 Yr., if Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (State or leseign country) 12. CITIZEN OF WHAT COUNTRY?
		OH10 U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Rummel, Deemern H.	Schlosser, Leonia A.
	15. Wes Decessed Ever in U. S. Armed Ferces? (Yes, ne or unknown) [III yes, give war of detes of service)  SECURITY NO.	17. INFORMANT ADDRESS
	18. CAUSE OF DEATH	STARK-MENDORAL, INC., JALEM. O.
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	
	heart foilure, asthenia, etc. II means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION last, (C).	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	☐ ITO THE DEATH BUT NOT RELATED TO THE TERMINAL  ✓ IDISEASE OR CONDITION GIVEN IN PART 1 (A)	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of Ne) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, offi	l res   No
- 11	DEATH (notify medicel exemined elc.)	ce bldg., INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Heur) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
	Work At Work	
22. I certify that (I) this hospital ottended the deceased from 19 1 to that (I) we) lost saw the deceased alive an 19 and that In (my) (and hour and from the same actual to (I) we) (II) this hospital ottended the deceased from 19 and that In (my) (and hour and from the same actual to (I) we (II) we (II) this hospital ottended the deceased from 19 1 to 19 in (II) we (II) we (II) this hospital ottended the deceased from 19 1 to 19 in (II) we (II) we (II) this hospital ottended the deceased from 19 in (II) this hospital ottended the d		97 197110 9 9 1971
		the date of the tile fill / / doil obtained death decourse du the date
	ond hour and fram the couses stated abave, (1) (We) (did) (did not) vid	
1	Karen Mull up proses	
	23C. PHYSICIAN'S NAME (Type)	D. ADDRESS
Karen O'Neill, M.D. The Johns Hopkins Hospital		The Johns Hopkins Hospital
REMOVAL (Specify) 24B. DATE 24C. NAME el CEMETERY of CREMATORY 24D. LOCATION (City, town, er ceunty) (Stote)		
	BURIAL KEMOVAL 9-11997 7 GRAND VIEW (EN	
	SEP 13 1971 Robert & Jacker M. 1.	25C. EUNERAL DIRECTOR: HOWE OF JACK NEMOCIAL
4.6	the state of the s	- CAR SUN PLAN. I'V JACENI (1.



	AME OF DECEASED  ar Print)  ELIA		LERI	M - 73	t. 7. 197	L ,
3. P	LACE IN BALTIMORE, MARY	LAND, WHERE PROP			deceosed lived. If ins	titution; residence befare admissia
HO	L NAME OF (IF NOT IN SPITAL OR ADDRESS	N HOSPITAL OR INS	TITUTION, GIVE STREET	Maryland C. CITY OR TOWN		DE CITY LIMITS?
1	+3 South	Baltimo	re General	Baltimore E. STREET AND NUMBER 3806 St. V	ictor St.	YES
S. S	X 6. RACE	7- MARRIE	D NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. , If Under 24 H
10Å.	F W	WIDOWI	ED XX DIVORCED	May 30,1902	69 n cauntry)	Manths Days Hours Min.
done	Housewife Housewife	if retired)		Pennsylva		U.S.
13. F	ATHER'S NAME	McCrake	en	14. MOTHER'S MAIDEN NAM	Orbin	
15. V (Yes	Vos Deceased Ever in U. S. A	Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			Louis Lerie.	Jr., 306 F	Hillcrest Ave
DICAL CERTIFICATION	DISEASE OR CONDILEADING TO  (This does not mean the heart failure, asthenia, etc. injury ar camplication which is a complication which is a like above cast underlying Condition of the Death But not related by the condition of the Death But not related by the condition of the Death But not related by the condition of the Death But not related by the condition of the Death But not related by the condition of the Death But not related by the condition of the Death But not related by the condition of the Death Condition of the cond	DEATH made of dying, e. II means the disea h caused death.)  CAUSES  INS, if any, givi use (A) stoling 1 last.  IONS CONTRIBUTIN ATED TO THE TERMINA EN IN PART 1 (A). 198. CONDITION FO WAS PERFORMED  RLYING E OF  RLYING  E OF  IONS CONTRIBUTION FO WAS PERFORMED  RLYING  RLYING  E OF  IONS CONTRIBUTION FO WAS PERFORMED	ng (B) DUE TO, OR AS (C) DIA G	A CONSEQUENCE OF:  A CONSEQUENCE OF:  Lefes mel  Chal as thong (  20A. AUTOPSY? (Yes or No)  In or obout 21C. WHERE DID ffice bidg, INJURY OCCUR?	(If in Boltimore	INDINGS CONSIDERED SES OF DEATH?  City, give exoct lacation)
					) 40	
	22. I certify that (1) (this that (1) (we) last sow the and haur and from the cauzas. SIGNATURE	deceased alive o	n	riew the body after deoth.	t in(my) (aur) opin	ian death occurred on the d
	11010	11 0000	DEGREE Phy	s. Director P  23D. ADDRESS	hys. 🗀	
		Neubauer	DEGREE			Baltimore, Md.

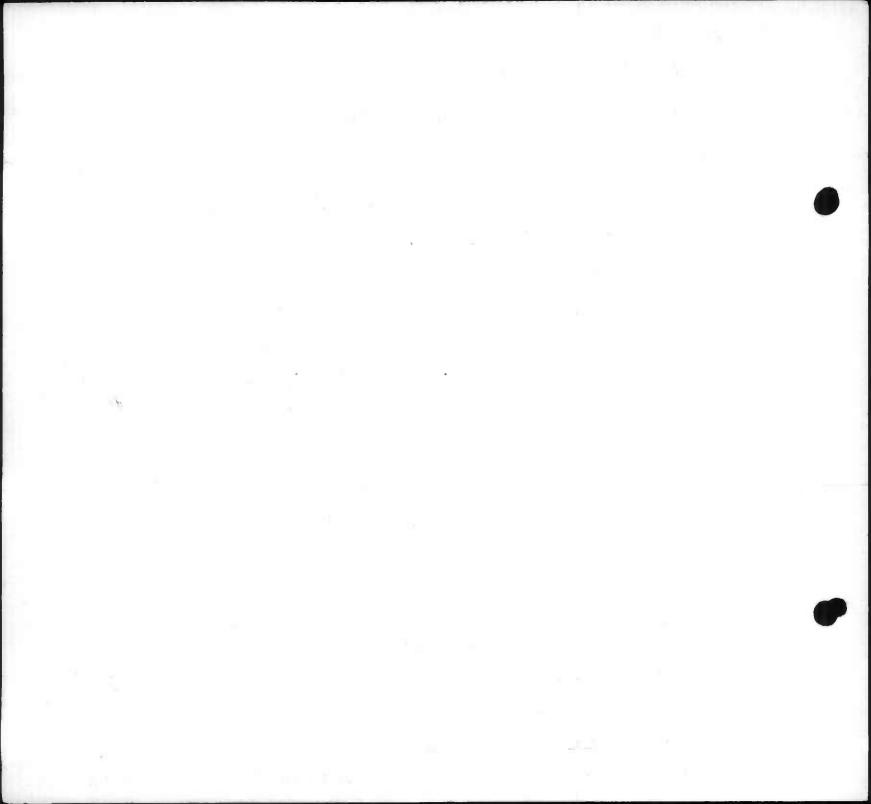


sab BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH the BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) no Virginia death. 3. PLACE IN BALTIMORE, MARYLAND, 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY attendance Yary land Frederick FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? 0 Baltimore City Hospitals redenok YES NO F prior 4940 Eastern Avenue AND NUMBER 21224 Baltimore, Maryland regular mad 5. SEX 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 1 Ys. Months! Doys If Under 24 Hrs. Hours : Min. deceased Hours last birthday) Months emale WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition Ë done during most of working life, even if retired) Maryland Housework U.S.A. MOS 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME Cora Virginia Baker Damiel Webster Wolfe eath no 0 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give war ar doles of service) SECURITY NO. attendance 21224 0 Records: BCH-4940 Eastern Avenue No pronounced 18. CAUSE OF DEATH 9 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY mbalmed LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenia, etc. 11 means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who 0 GLe DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) physician UNDERLYING CONDITION last remains Was н CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING cian TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 19A. DATE OF OFERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED physi fore NO 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (II In Boltimore City, give exact location) the body was released to the hospital °Z bel MEDICAL DEATH (natify medical examined) obtained 21 D. TIME (Month) (Doy) (Yeor) (Houd 21E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? OF INJURY (except While At F Not While (APPROX.) and Work At Work 22. I certify that (I) (this hospital) attended the deceased from 99 that (I) (we) lost sow the deceased alive on, and that In (my) (our) opinion death occurred on the date of hospital death) certificate must be and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE 23B DATE SIGNED Attending [ Med. 10 approval Phys. Director Phys. 0 23C. PHYSICIAN'S prior 23D. ADDRESS at Eastern Ave., Baltimore City 4940 An Hospita. 4 shows: (1) deceased written as 24A. BURIAL CREMATION DATE 24C. NAME of CEMETERY OF CREMATORY (Stote) 0.0 REMOVAL (Specify) Mt. Zion Cemetery Burial McKaig Frederick Maryland Popul & James of REGISTRAR Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR TRACK ADDRESS tchison Son, Frederick. Maryland

and the second second

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1-300	174	8539		HEALTH DEPARTMENT	REG. NO.	"/1 0529
1	IRTH NO.	ASED	O Justo.	CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	71 3J98
- IL	Type or Priet!	DYD H	ARRY S		9/5	-1-11	1/2/5
3	L PLACE IN BALTI	MORE MARYLAN	D, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If in	nstitution: residence before admission)
	ULL NAME OF ROSPITAL OR NSTITUTION	(IF NOT IN H	OSPITAL OR INSTIT	UTION, GIVE STREET	C. CIDY OR TOWN	DAT.	SIDE CITY LIMITS?
	91				BATTIMOR	_	YES NO
	MONTER		7.	PITAL	E. STREET AND NUMBER	W. CHESA.	PEAKE MIE
	M	RACE	WIDOWED		8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	OA, USUAL OCCUP	ATION (Give kind or rking life, even If re	ired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12 CITIZEN OF WHAT COUNTRY?
	Machinist-		Bhacks	Decken MFG.	Maryland		USA
		Lloyd			14 MOTHER'S MAIDEN NA Bell Bull	AME	
15	. Was Deceased E es,no or unknown) (I	ver in U.S. Arme I yes, give wor o	d Forces? r dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	none		212-10-95		y records	
	18.	OR CONDITION	I DIRECTLY	CAUSE OF DEATH	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LE	ADING TO DE	ATH	(A)IMMEDIATE CAU	COLON BAET	KTATE TO	35
	heart failure, as	lhenia, elc. Il m	e of dying, e.g.,	DUE 10, OR AS	CONSEQUENCE OF		33900
		calion which ca ITECEDENT CA		(A) (A)	1-17		11 1
	DISEASES OR	CONDITIONS.	if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	ATIC 10 SHOW	ACC T morley
	rise to the	above cause CONDITION las	(A) slaling the	(c)		3///	
1,		- 11		19/			
CATIO	DISEASE OR CON	BUT NOT RELATED IDITION GIVEN IN	CONTRIBUTING TO THE TERMINAL PART 1 (A).		RIO SCIEDO	TIC HEARS	1) 256959
ERTIFIC	6/27/	7 WAS	CONDITION FOR Y PERFORMED AND LEGIL	WHICH OPERATION	20A. AUTOPSY? (Yes of N	IN CERTIFYING CA	FINDINOS CONSIDERED USES OF DEATH?
AL C	OP CONTRIBUTE	WAS UNDERLYING	1G 218, home	PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(If In Boltimor	e City, give exoct locotion)
MEDIC	21D. TIME (A	Aonth) (Doy) (1	eon (Hour 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
>	(APPROX.)		Whi	Not While			
			oltal) attended th	e deceased from	3/3/7/	19taD/2	NTH 19
	that (I) (wet la			9/5		hat In (our) apli	nian death accurred an the date
	23A. SIGNATURE	am the causes	stated above. (I)	(Ma) (did) (dident) vi	ew the bady after death.		loop David of Allen
	Joseph (	enety /	Mughel for	M.D. DEGREE Phys.		Staff Phys.	23R DATE SIGNED
	NAME (Type	KEN NE	u mores	HATLITO M.D	3D. ADDRESS	CTOTE	16000
24.	A. BURIAL CREMA REMOVAL (Spec	TION, 248, DAT	24G, NA	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Cit	ly, town, or county) (Stote)
	Burial	9-9-	71 Jes.	sops (emetery		o ckeusville	M.
25.	A DATE REC'D BY	HEALTH DEPT.	25B, NAME Q	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
VS.	150-REV. 1/1/68	THE UCOUNT	C. Valber	er a	Torial Devotes	COILS	lowson



5-45	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 71 854	0 CERTIFICA	TE OF DEATH REG. NO.	71 8540
(Type or Print) JOSEPH F	HEALY SULLIVA	N 2. DATE AND HOUR OF DEA	TH, 1971 230
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	
FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATIONI	NSTITUTION, GIVE STREET	MARYLAND C.CITY OR TOWN	INSIDE CITY LIMITS?
2102 South RD.		BALTO.	YES NO
00		E. SPEED ON NUMBER ROAD	
5. SEX 6. RACE 7. MAR WHITE WIDO		B. DATE OF BIRTH  OCT. 15, 1925 Sest birthd 217	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINdone during most of working life, even if retired)  ATTORNEY	D OF BUSINESS OR INDUSTRY	FROSTBURG, MD.	12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	UDA
JOHN A. SULLIVAN		SUSAN M. HEALY	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give war or dales of sen	16. SOCIAL 215-20-520	17. INFORMANT  1MRS. ANNE B. SULL:	ADDRESS TVAN
LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the distingury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, ginise to the above cause (A) stating UNDERLYING CONDITION last.	nsel		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART I (A).	VAL	700	
WAS PERFORMED	OK WHICH OFERALION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21 A. A CCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF CATH (notify medical exominer)	21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, affi	ar obout 21C, WHERE DID ce bldg., INJURY OCCUR?	more City, give exact location)
21D.TIME (Month) (Dayl (Yearl (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	an 9-4	9-5-197/ta 197/ and that In(my) (aur) o	g = 6 197/
23C. PHYSICIAN'S NAME TYPE  JEROME J. COL	Atten. Phys. 23	Med. Staff Director Phys. D. ADDRESS	23B, DATE/SIGNED
24A. BURIAL CREMATION, 24B. DATE 246	C.NAME of CEMETERY OF CREA	2217 SOUTH RD.	(City, fown, or county) (Stotel
BURIAL 9/9/71 25A. DATE REC'D BY HEALTH DEPT. 125B. NAT	WOODLAWN CEM		
SEP 19 977 P. 4 8 34.6	L. M.D.	THE WEST FORM	HOME ADDRESS RD. 21212

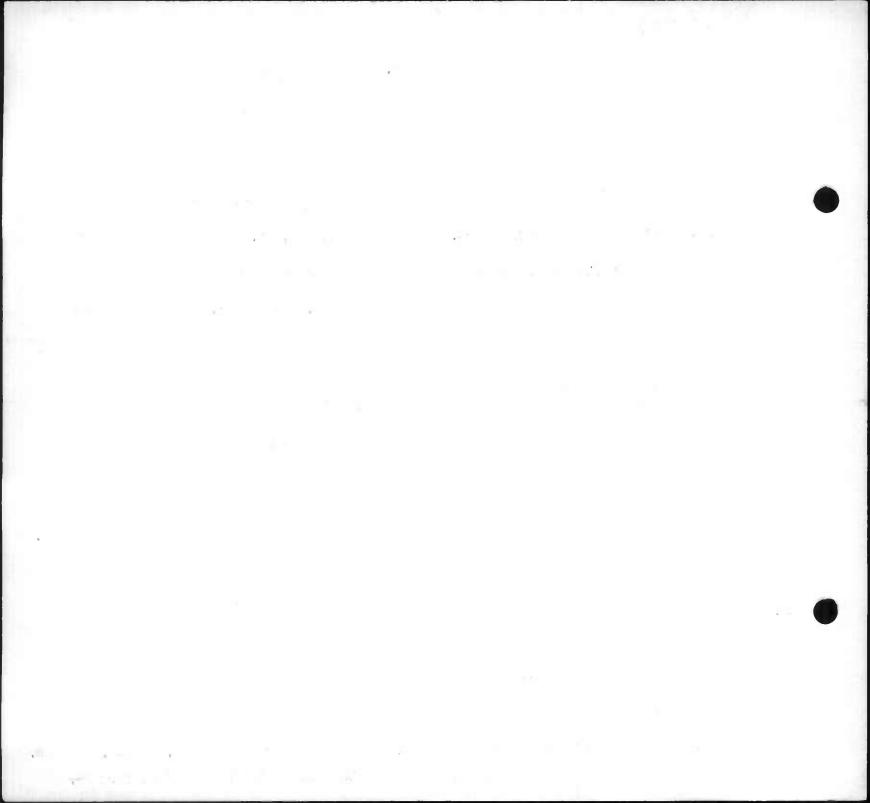
exception of the later sense.

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	(= - 270)		HEALTH DEPARTMENT		71 8541
	BIRTH NO. 1 8541	LEKTIFICA			
	Type or Print (700 DHUES, CHEORGE	Sr.	9,	6 91	1 5 03
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	A. STATE B. CO	Whefe deceased lived, II i	institution: residence before admission
- 11	FULL NAME OF ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	C. CITY OF TOWN	BALTO. CIT	SIDE CITY LIMITS?
-	4-0		E. STREET AND NUMBE		YES NO
			1603 8	330	57.
	(V) WIDOWED V	DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINE one during most of warking tite, even if retired)	SS OR INDUSTRY	11. BIRTHPLACE (State or	foreign countryl	12. CITIZEN OF WHAT COUNTRY
	President Ship Maint		Baltimore,	Md.	USA
Ī	3. FATHER'S NAME	1	14. MOTHER'S MAIDEN		00//
	Ferdinand Goodhuse		Eliza	beth Douglas	
1	5. Was Deceased Ever in U. S. Armed Farces?   16. SO( 'es, na of unknown) (If yes, givo wor at doles al service)   SEC	CIAL	7. INFORMANT		ADDRESS
	2/3		George S. Goo	dhuseJr. 106	
$\ $		AUSE OF DEATH	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
$\parallel$	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(a /200	TATE	1 - 71
	I VINIS 4062 NOT mean the mode of dving. e.g.	DUE TO, OR AS A	CONSEQUENCE OF:		JUNE 11
	hearl laiture, asthenia, etc. It means the disease, injury or complication which caused deeth.)	0			
	ANTECEDENT CAUSES	n ASC	VI) + CEME	BRAZ INSKI	c/C.
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A	CONSEQUENCE OF:	***************************************	
	rise to the abave cause (A) staling the UNDERLYING CONDITION lost.	c) HET	ART FORL	URE	
1	li li				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).				
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR WHICH (	SPA TION	1204		
Cirina	WAS PERFORMED	PERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED
1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., in	ar obout 21 C. WHERE DID	(II to Boltimor	re City, give exact location)
100	DEATH (natify medical exominer) etc.)	factory, street, affic	o bldg., INJURY OCCUR	,	any give exact locations
1	OF INJURY (Manthl (Day) (Year) (Haur) 21E, INJURY (APPROX.)	Not While At Work	21 F. HOW DID I	NJURY OCCUR?	
	22. I certify that (I) (this hospital) attended the dece		7/24	_19 7/ to	9/6 197/
	that (i) (we) last saw the deceased alive on	6		that in (my) (our) opi	nion death occurred on the date
	and hour and fram the causes stated above. (1) (We) (23A. SIGNATURE	did) (did not) vie	w the body after deat	1.	
	Coyoure Vo. H	Attend		Stoff [	23B, DATE SIGNED
	23C. PHYSICIAN'S NAME Alype)	DEGREE Phys.	D. ADDRESS	Shaff Phys.	7/6/76
	The state of the s				•
2.	A. BURIAL CREMATION, 24B. DATE 24C, NAME of C	DEGREE CEMETERY OF CREA	ATORY 24D.	LOCATION (Ci	ty, town, ar cauntyl (State)
	2 /2 / /	1 Cemeter			
2	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGIST	RAR	25C. FUNERAL DIRECT	Frederick Rd	ADDRESS
	SEP 13 1971 The E. Valley &	£ 0.	Mitchell Wi	defeld Home	6500 York Rd.



#### IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 8542 CERTIFICATE OF DEATH of death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) u o a hospital 8 :30 death. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution residence before admission) attendance cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Mary land HOSPITAL OR C. CITY OR TOWN cause; 0 D. INSIDE CITY LIMITS? Keswick YES A NO [ prior contributing occurred (4) Undetermined made. in regular 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years Il Under 1 Yr. Months: Doys deceased If Under 24 Hrs. tost birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) or 11.5.a. never embloxed Was the 13. FATHER'S NAME direct oward death 0 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance Πο any pronounced 1 B. 0 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF examiner heart failure, asthenia, etc. It means the disease, regular inivity ar camplication which caused death.) ANTECEDENT CAUSES who are (3) A DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the physician before the remains UNDERLYING CONDITION lost the chief medical Was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). of any nature; (2) Body 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED 0 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact facation) the body was released to the hospital °Z MEDICAL DEATH (notify medical examined obtained 21 D. TIME OF INJURY (Month) (Doyl (Year) 9 (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved (except Not White White At (APPROX.) and Work 22. I certify that (1) (this haspital) attended the deceased fram... that (1) (we) last saw the deceased alive an... \_\_19\_\_\_\_ .....and that In(my) (aur) apinian death accurred an the date hospital eath) and have and from the causes stated above. (1) (We) (did) (dld not) view the body after death. must shows: (1) An accident 23A. SIGNATURE 23 B. DATE SIGNED T Attending 0 Med. Staff Director approval 0 23C. PHYSICIAN'S NAME (Type) prior 23 D. ADDRESS at Richard K. Gundry, 700 West 40th Street D.O.A. DEGREE Baltimore 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION (City, town, or county) 9/10/71 Loudon Park Cemetery Burial Frederick Rd. Balto. WOS 25C. PUNERAL DIRECTOR Mitchell Wiedefeld Home 6500 York Rd. VS 150-REV. 1/1/68

(Stote)

Md.

Adm. 7/20/70

310E 331d. St.

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1/-1/52 -		BALTIMORE CITY	HEALTH DEPARTMENT	X	
116	BIRTH NO.	8543	CERTIFICA	TE OF DEATH	REG. NO.	4 8543
	Type or Print)	40000	Bernard	(Sr.)	NO HOUR OF DEATH	2
	3. PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONOL		4. USUAL RESIDENCE (WI	nere deceased lived. If in	nstitutions residence before admission)
- [] (	FULL NAME OF HOSPITAL OR ADDRESS OR	OSPITAL OR INSTITU	JTION, GIVE STREET	C. CITY OR JOWN	nd 5	2/228 IDE CITY LIMITS?
	North Charles Ge	eneral t	dospital	Baltimore E. STREET AND NUMBER		YES NO
5	SEX 6. RACE	7. ALA DRIED [	Y MITTER MARRIAGO	Birdwood &		
	MW	WIDOWED	NEVER MARRIED DIVORCED	1-21-1901	9. AGE (In years last birthday)	II Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
1	OA. USUAL OCCUPATION (Give kind o ane during mast af warking life, even if ret	work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lo	reign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Self Employed	Whole	sale Candy	Mary land		USA
	3- FATHER'S NAME	4.11		14. MOTHER'S MAIDEN NA		
12	Narry P.  Was Deceased Ever in U. S. Arme	// U. //	1 6. SOCIAL	COZA // US	sser	
l o	es, na ar unknown) (If yes, give war ar	dates of service)	SECURITY NO.		1711 7	ADDRESS Rd.
$\parallel$	18.		CAUSE OF DEATH		Hull, Jr.	1113 Ramblewood
	DISEASE OR CONDITION			11/1000	12 1	BETWEEN ONSET AND DEATH
	LEADING TO DEA	ol dvina ea	(A) IMMEDIATE CAU	SE Madive	pae dup	1 day
	heart lailure, asthenia, etc. It me injury ar camplication which can	eans the disease,	1. D	CONSEQUENCE OF:	Dieses	ting
	ANTECEDENT CAL		et kun	gor broat de se	u CA) Hisray	u unkusus
	DISEASES OR CONDITIONS, rise to the above cause	(A) slaling the	DUE TO, OR AS	CONSEQUENCE OF:		7
	UNDERLYING CONDITION last		(c)		************	***************************************
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN	TO THE TERMINAL	Markeda	therocleros	us Colonery	artery, heart
CEPTIEIC	19A. DATE OF OPERATION 19B.	CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	a) 208. IF YES, WERE IN CERTIFYING CAI	FINDINGS CONSIDERED USES OF DEATH?
11	OR CONTRIBUTING TO CALLER OF	16 218, 1	PLACE OF INJURY (e.g., In	ar about 21 C. WHERE DID		City, give exact igration)
1	) CEAIN (nailty medical examined	etc.)	, farm, factory, street, affi	ce bldg., INJURY OCCUR?	<b>V 2</b>	any give exact igration)
MEDI	OL MARKE		INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
	(APPROX.)	Wark				
	22. I certify that (1) (this hasp		e deceased from	7,	19 7/ to	9-6 19 11
	that (1) (we) lost saw the dece		9-9			iton death occurred on the date
	and hour and from the causes 23A. SIGNATURE	stated above. (I)	(me) (did) (ald not) vi	ew the bady after death.		238, DATE SIGNED
	1 86 Ve	uer acin	Atten Phys.	ding Med.	Staff Phys.	Sent 6 100
	23C. PHYSICIAN'S NAME (Type)		DEGNEE	D. ADDRESS	rnys.	1 000pi 0 m
2.4	B.C. VEN	DERACIO	DEGREE	NORTH	esserces	FEN HOSP MA
24	A. BURIAL CREMATION, 248. DATE REMOVAL (Specily)	_	ME of CEMETERY OF CREA			y, tawn, ar caunty) (State)
25	Burial 9/9/	/ Lei	Lster's Ceme	etery Wes	stminster,	
	SEP 13 1971 Pag		LAD O	Mitchell-W	edefeld	6500 York Rd.
VS	150-REV. 1/1/68				-caerera	ODO TOLK KOL

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death.) and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	T-460					BALTIMORE CITY	HEALTH DEPARTA	MENT		104.0		
1		71	85	44		CERTIFICA	TE OF DEA	TH	REG. NO	71	3544	
	TH NO.	ASED	- 00						HOUR OF DEAT	н		
	oe ar Print)		LOR, I	RA YMO	ND S				EPT 10,		1:40 R	M.
3.	PLACE IN BALT	MORE MAI	MLAND, W	HERE PRON	OUNCE	DEAD		B. COUNTY			idence before admissio	n)
HC	LL NAME OF	IF NOT ADDRES	IN HOSPITA	L OR INST	ITUTION,	GIVE STREET	MARYLA c. CITY OR TOWN		BALTO	CO.	AITS?	6
L	ST AGN	ES HOS	SPITAL				BALTIM			YES 🗌	ио⊠	
0	RYFREN	SRE ME	AT ON A	285_			E. STREET AND NO.	INKWO	OD RD	2120	7	
5. \$	MA LE	6. RACE WHII	ΓE	7- MARRIE		VER MARRIED DIVORCED	10-13-0	10	AGE [In years if birthday]	II Under Months I	1 Yr. If Under 24 H Days Hours Min.	rs.
IOA	USUAL OCCU	PATION Give	kind of work	108, KIND	SIVANA	NESS OR INDUSTRY	11. BIRTHPLACE ISTO	ole or foreign	country)	12. CITIZE	N OF WHAT COUNT	RY?
don	RETIRE	D - V	I CE P		ROV.	•	MARYLAN	D		U	.S.A	
13.	FATHER'S NAM	/E					14 MOTHER'S MA	IDEN NAME				
	CHARLE				D	EC1D	JANE	SKIRV	EN		DE C 1D	
15. (Yes	Was Deceased s, no or unknown)	Ever in U. S.	Armed Ford	of service	1 6.5	CURITY NO.	17. INFORMANT				ADDRESS	
	NO					2-03-596	ST AGN	ES RE	CORD ROO	MC		
	18. 4-5	X / 1				CAUSE OF DEAT	H				APPROXIMATE INTERVAL	
1		OR COND		ECTLY			( near	tive -	0 1			
	(This does no	LEADING TO		dylna e		(A) IMMEDIATE CAL			least z	near	£	
	heart failure,	sthenia, elc	. It means	the diseas	e,		A CONSEQUENCE OF					
		NTECEDEN'		Ceduca		Rim	nu ~ ~ ~	ca. da	1 indeed	Michan	Cej	
	E-2000			nv. civle	10	(B) DUE TO, OR AS	A CONSEQUENCE O	Fi		-	<del>/</del>	
	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (B) Frimary mycardial instefficial conditions and conditions are considered to the conditions are conditions and conditions are conditions.											
		11		:			1 -			/:		_
ATION	OTHER SIGNIFITO THE DEATH	BUT NOTRE	LATED TO TH	IE TERMINA	T G	Bilatero	of Bulo	ronar	y infa	netion	,	
CERTIFICATION	19A-DATE OF		WAS PERF	OT HOITE	R WHICH	OPERATION	YES	Yes or No.	20 F YES WER	E FINDINGS	CONSIDERED EATH?	
	21A. A CCIDEN OR CONTRIBU DEATH Inotify	T WAS UND TING CAU medical exon	ERLYING DISE OF	2 h	18. PLAC iome, far ic.)	E OF INJURY (e.g., i	n or about 21 C. WHER	CCUR?	(If In Baltin	nore City, give	exact facation)	_
MEDICAL	21 D. TIME OF INJURY IAPPROXI	[Month] [D	oy) (Year)	1	TE INJU While At Work	RY OCCURRED  Not While At Work	• 🗖	DID INJUR	Y OCCUR?			
	22. 1 eartifu	that Walshi	s hospital				08-13	10	71 to	9-10	10 71	
	22. I certify that (1) (we)	1021 20W III	e decense	d OLLAR OL	,		19 71	end that	and any in a manner	pinion deoti	occurred on the de	ate
			ouses stot	ed obove	(1) (We	(did) (did hank	lew the body after	r death.				
	23A. SIGNATU	NE S	Genz	m		M. D. Ath	onding Med.	tor St	off X	23B. DATE	SIGNED /197	/
	23C. PHYSICIA NAME (T)	POE I LA	1350	HEN	ZANZ		23D. ADDRESS	Aga	so Ho	quita		_
24/	REMOVAL IS	AATION, 241	B. DATE	24C.	NAME	CEMETERY of CR		24D. LOC	CATION	(City, town, at	county) (State)	_
25/	A. DATE REC'D	BY HEALTH.	7/13	25B_NAM	M REC	T. DLIV	25C FUNERAL I	25 A	9270.	ML	ADDRESS	
	SEP1	3 1971	V68.	C. G.	Ben	149°	1 A, 53 /	BACK	ABB	212	-8	_

A F C SERVER CE T 1 5 4 - 5 - 1 A PER PER TENT

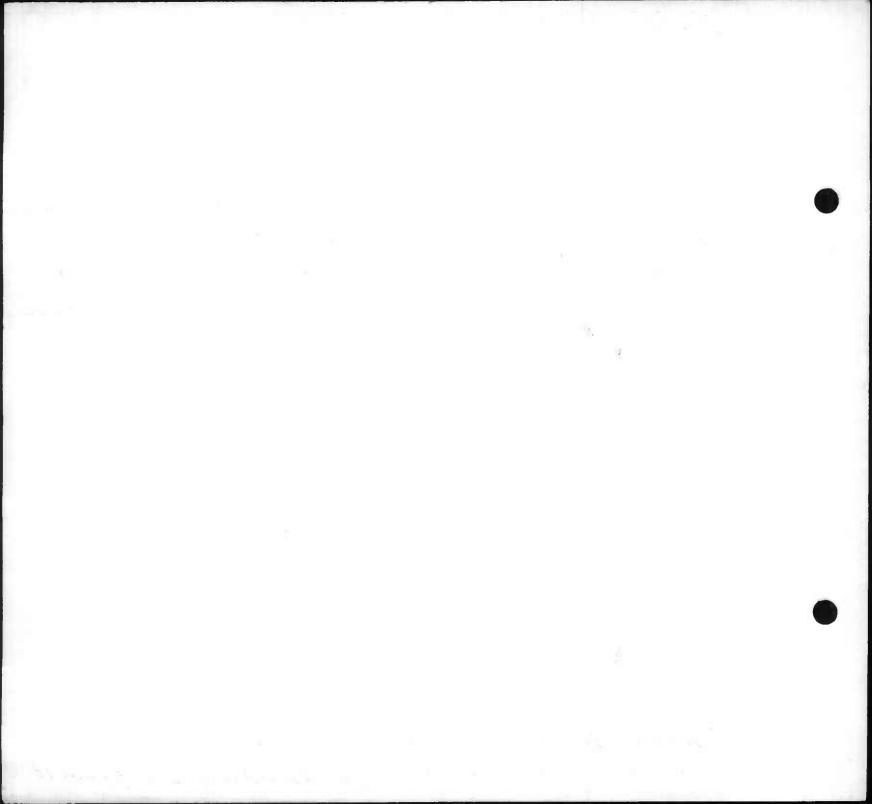
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, such an expensive of the physician was in regular attendance on the deceased prior to death. Such deceased prior to death.

1	2/2			BALTIMORE CITY	HEALTH DEPARTMENT		EIA OMAE
BIRTH			545	CERTIFICA	TE OF DEATH	4	71 8545
Type E	APTHER	WOOD, JR.	MOR LEY	′ H.	SEF	TEMBER 8,	19711 4:17 A. M.
3. PL/	CE IN BALT	IMORE MARYLAND, V	HERE PRONC	UNCED DEAD	A STATE & CO	there deceased lived, if	institution: residence before admission)
HOSP	NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITATION)	IUTION, GIVE STREET	MARYLAND C.CITY OR TOWN	In In	ISIDE CITY LIMITS?
SI		S HOSPITAL			HANOVER		YES NO X
4	10				1	REST AVENU	JE 21076
5. SEX		6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
	LE SIAL OCCI	WHITE	WIDOWED	DIVORCED	03-12-23		12, CITIZEN OF WHAT COUNTRY?
done d	uring most of v	vorking life, even if refired)	030	RAILROAD	MARYLAND		USA
13. FA	THER'S NAA	AE			14. MOTHER'S MAIDEN I	MAME	
MO	DRLEY	H. LEATH	EANE	OD SR	(SMITH)		
15. We	n Deceased	Ever in U. S. Armed Fo	ces?	SECURITY NO.	17. INFORMANT	RECORDIS F	BALTIMORE MD 21229
YE		WW2		219 12 338	ST AGNES	HOSPITAL W	
	379	. / 1		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION D	RECTLY		1 1- 01		The state of the s
17		LEADING TO DEATH of mean the mode of	dulan en	(A) IMMEDIATE CAL	ISE Acute Pul, A CONSEQUENCE OF:	monary Ed	lemo
h	eart failure,	asthenia, etc., it means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
10		plication which caused					1
		INTECEDENT CAUSES		(B)	A CONSEQUENCE OF:		
		R CONDITIONS, If			A CONSEQUENCE OF:		
U	NDERLYING	CONDITION lost.	3	(c)			
NOL	O THE DEAT	II CANT CONDITIONS CO H BUT NOT RELATED TO	HE TERMINAL				
CERTIFICATION	A-DATE OF	OPERATION GIVEN IN PA OPERATION 19% CON WAS PEI	RT 1 (A). IDITION FOR PORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES, WERI	FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CEN	A. ACCIDENT R CONTRIBUTE ATH (notify D.TIME P INJURY	IT WAS UNDERLYING TING CAUSE OF	21 ho	B. PLACE OF INJURY (e.g., i me, farm, factory, street, o	n or obout 21 C. WHERE DIE	) (If In Boltim	ore City, give exact locotion)
21	D. TIME	(Month) (Doy) (Year)	(Houd 21	E INJURY OCCURRED		INJURY OCCUR?	
2 1/4	APPROX.)			hile At D Not While	• 🗆		
22	2. I certify	that YIV(this hospita		the deceased from SE		_19 _71_toSE	PTEMBER 8, 19 71
18	at ]() (we)	last saw the deceas	ed alive on.	SEPTEMBER	8 19 71 and	that the (our) of	pinion death occurred on the data
			ted above.X	(N (Wo) (did) XAXAXnXr)	lew the body after dear	th.	
23	A. SIGNATU	RE /		Atte	inding Med.	Shell [7]	23B, DATE SIGNED
		rehmoll.		DEGREE Phy	s, Li Director L	Staff Phys.	
23	NAME (T	N'S ypel			23D. ADDRESS	BA F	
241			- Value o	DEGREE		3	KENS & CATON AVE
24A.	REMOVAL (	MATION, 248. DATE	24C.1	NAME of CEMETERY OF CR	EMATORY 240	LOCATION (	City, town, or county) (State)
5	PURI	Ac 9/10	171	210N		TOWARD	co. Md.
SE	P13 1	HEALTH DEPT.	25 NAME	OF REGISTRAR	25C. FUNERAL DIREC	Den ADR	ADDRESS COALC
VS 15	0-REV. 1/1/	68	1			10 1715 1	<del></del>

-	T-651 71 8546	BALTIMORE CITY	HEALTH DEPARTMENT	×	1.6
BIR	7-656 1 8546 th No.	CERTIFICA	TE OF DEATH	REG. NO.	1 8546
	Pe or Print)	Turner	2. DATE A	D HOUR OF DEATH	13 A. N
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re doceosed lived. Il ins	stitution: residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	e e	C. CITY OR TOWN	ALCO INSI	DE CITY LIMITS?
1	House in the Pines	- Catonsville	MINC	MIN	YES NO 🔯
6	Eatonsville, hid.	2/228	E. STREET AND NUMBER	-5-	
5. \$	M B WIDOV		9-7-1920	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
dop	USUAL OCCUPATION (Give kind of work 108, KINI	OF BUSINESS OR INDUSTRY	118 MATHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
13.	ATTOWN 177	Lann on	12. MAIDEN NA	ME DU	destait.
15.	Was Deceased Ever in U. S. Armed Forces!	LA-SOCIAL	17. MFORMANT F	) Dec	ADDRESS
(105	s, no or unknown] (If yes, give wor or doles of servi	SECURITY NO.	E Words	Varys,	Murchton
	1B. [	CAUSE OF DEAT	Н /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAU	ISE CANCELLE	of the	Z.
	(This does not meon the mode of dying, heart failure, asthenio, etc. It means the dise	e.g. DIETO OP AS	A CONSEQUENCE OF:		
	injury or camplication which coused death,)  ANTECEDENT CAUSES	dime	I with m	tostasis	22/10.
	DISEASES OR CONDITIONS, if any, give		A CONSEQUENCE OF:	************************	
	nise to the obove couse (A) stoling UNDERLYING CONDITION last.	(c)			
z	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	V.C.			
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	~~~**********************************		***********
	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No	IN CERTIFYING CAU	INDINGS CONSIDERED
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or obout 21 C. WHERE DID	(if In Boltimore	City, give exact location)
	OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)	While At Not While Work At Work	· 🗆		- 10
	22. I certify that (i) (this hospital) attended that (i) (we) last saw the deceased alive	CY.	8 19 7 and th	19 7/ to	7/8 197/
	and hour and from the couses stated above			of in (my) (our) opin	ion death occurred on the dat
	23 M. SIGNATURE	11 10			23B DATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys		Staff Phys.	9/10/71
	NAME (Type)  Merber . Lev	ICK95 M.D.	5404 East	Drive Ba	Himore Md 212
24A		C. NAME of GEMETERY OF CRE	MATORY 24D.	SCATION (City	y, town, or county) (State)
25A	5/Max 9-11-1991.	Tramer	M	seall.	- 011100
	SEP 13 1971 Police 2. 44	AB OF REGISTRAR	25C. FUNERAL DIRECTOR	mRoone	# ADDRESS
VS	150-REV. 1/1/68			Home	- 12 U V V V V V V V V V V V V V V V V V V

13 0561-L-b x Orthun Muner Mary Blunchtoffe Burnel 9-11-1991 Frankling William Reeses

_	1)-/0/	4.1 X	547	BALTIMORE CIT	Y HEALTH DEPARTMENT	<b>+</b>	71 8547
	RTH NO.		J. 4 47	CERTIFICA	TE OF DEATH	REG. NO.	8547
1.1	Pe or Print)		7		2. DATE A	D HOUR OF DEATH	н — — — — — — — — — — — — — — — — — — —
3.	PLACE IN BALTIM	ERTHA ORE MARYLAND, V	DAVE	NPORT.	JA HELLAL DESIDENCE (ALL)	9/7/	3 P
					1 coo	Tre deceased lived. If	institution: residence before admi
H	ILL NAME OF OSPITAL OR STITUTION	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOWN		160
	61						SIDE CITY LIMITS?
					E. STREET AND NUMBER		
1	SEX 6.8	LLO STA			1115 HAR	LEMAV	E. 21217
J.,	) . K	n /		NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years lost birthday)	Months Doys Hours A
10/	LUSUAL OCCUPAT	/ V · ItON (Give kind of work	WIDOWED	DIVORCED DIVORCED	4 - 20 - 1891	80	
don	during most of working	ing the, even it tellied)	رسوم	Vamo	The BICHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COL
13.	FATHER'S NAME				DULL		U.S A.
-	Janes	of Da	MUDU	ONT	14. MOTHER'S MAIDEN NA	ME	
15.	Was Deceased Furn				03.17		
(Ye	s, no or unknown) (If y	r in U. S. Armed For yes, give war or date	s of service)	SECURITY NO.	17 INTORMANT	7	ADDRESS
	18.				Carawar J	JOACNE	111- HORLO
	10016	R CONDITION DI	NECTI V	CAUSE OF DEAT	Н		APPROXIMATE INTER
	LEA	DING TO DEATH		4 W	m= 1 D = 2200 . 20		
	i neoir lailure, asihi	neon the made of enia, etc. It means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:	NOMA OF	COLON 16 MON
	injury or camplica	lian which caused	death.)	METAS	TATIE		
	ANTE	ECEDENT CAUSES					
				(B)			
	DISEASES OR C	CONDITIONS. it	any, giving	(B)	A CONSEQUENCE OF:		
	DISEASES OR C rise to the at UNDERLYING CO	CONDITIONS, i( obave cause (A)	any, giving slaling the	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
z	rise Ia the at UNDERLYING CO	conditions, it does cause (A) ONDITION (ast.	slating the		A CONSEQUENCE OF:		
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ERTIFICATION	nise to the ob- UNDERLYING CO OTHER SIGNIFICAN TO THE DEATH BU DISEASE OR CONDI- 19A. DATE OF OPE	CONDITIONS, if obave cause (A) DNDITION (ast,  II IT CONDITIONS CONT NOT RELATED TO THE TON TH	Stating The  NTRIBUTING HE TERMINAL T I (A).  DITION FOR WORMED	(C)	20A. AUTOPSY? (Yes or No	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
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MEDICAL	OTHER SIGNIFICAN TO THE DEATH BU DISEASE OR CONDITION 19A. DATE OF OPE  21A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi  21D. TIME OF INJURY (APPROX.)  22. [ certify that that ([] ()) [ lost and hour and from 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	CONDITIONS, if bave cause (A) DNDITION fast.  II TCONDITIONS CONTON TO THE PROPERTY OF THE PRO	NTRIBUTING HE TERMINAL TI (A). DITION FOR W ORMED  (Hour) 21 E. Whill Work ) attended the d alive aned above. ([)	C)  CHICH OPERATION  PLACE OF INJURY (e.g., in form, fociory, street, of injury occurred at Work  At Work  deceosed from  (We) (did) (did nat) vi  Atterphys.	20A. AUTOPSY? (Yes or No n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY  19	IN CERTIFYING CA	nlan death occurred on the
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MEDICAL	OTHER SIGNIFICAN TO THE DEATH BU DISEASE OR CONDITOR OF INJURY (APPROX.)  21 A. ACCIDENT WOR CONTRIBUTING DEATH (notify media) 22 C. I certify that that (I) (will lost and hour and from 23 A. SIGNATURE  23 C. PHYSICIAN'S NAME (Type)  BURIAL CREMATIC REMOVAL USPECIAL SEMOVAL USP	CONDITIONS, if bave cause (A) DNDITION fast,  II CONDITIONS CONTINUE CONTIN	NTRIBUTING HE TERMINAL TI (A). DITION FOR W ORMED  (Hour) 21 E. Whill Work ) attended the d alive aned above. ([)	C)  CHICH OPERATION  PLACE OF INJURY (e.g., in form, fociory, street, of injury occurred at Work  At Work  deceosed from  (We) (did) (did nat) vi  Atterphys.	20A. AUTOPSY? (Yes or No n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY  19	IN CERTIFYING CA	nlan death occurred on the
MEDICAL	OTHER SIGNIFICAN TO THE DEATH BU DISEASE OR CONDITION 19A. DATE OF OPE  21A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi  21D. TIME OF INJURY (APPROX.)  22. [ certify that that ([] ()) [ lost and hour and from 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	CONDITIONS, if bave cause (A) DNDITION fast,  II CONDITIONS CONTINUE CONTIN	NTRIBUTING HE TERMINAL TI (A). DITION FOR W ORMED  (Hour) 21 E. Whill Work ) attended the d alive aned above. ([)	C)  CHICH OPERATION  PLACE OF INJURY (e.g., in form, fociory, street, of injury occurred at Work  At Work  deceosed from  (We) (did) (did nat) vi  Atterphys.	20A. AUTOPSY? (Yes or No n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY  19	IN CERTIFYING CA	nlan death occurred on the



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in

VS 150-REV. 1/1/68

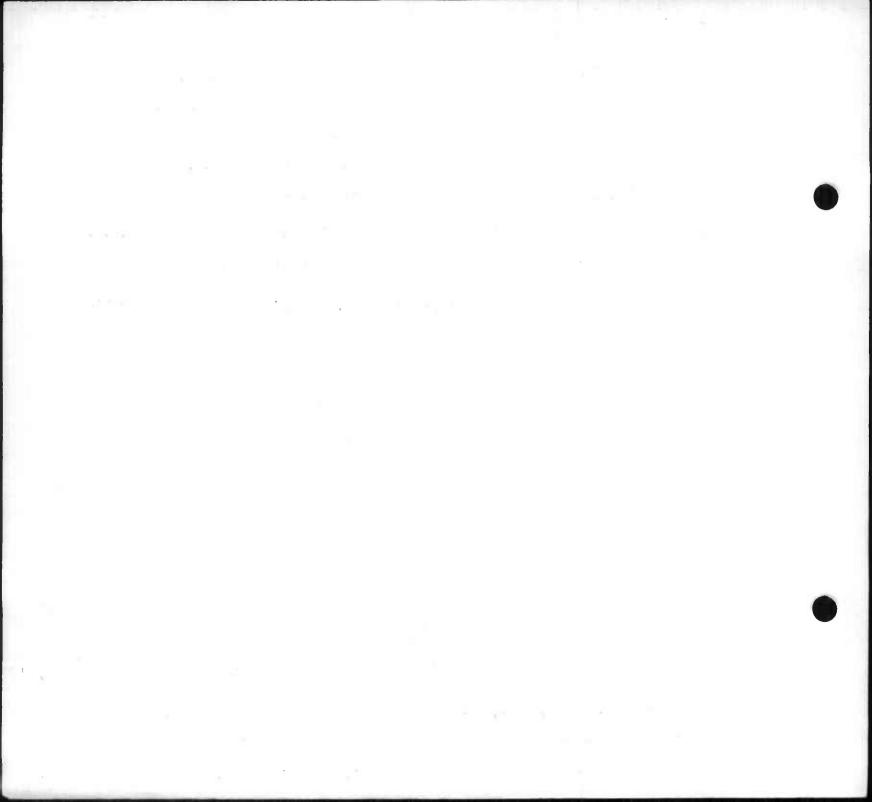
	5 -	2 -1		BALTIMORE CIT	HEALTH DEPARTMEN	T	71	0540
		30/1	8548	CERTIFICA	TE OF DEAT	H REG. NO	-	8.548
	BIRTH NO.		3040					
	(Tues - D. A)	dward 1	William	SMITH		e and hour of deat 27 August	1971	930 0
	3. PLACE IN BAL	TIMORE, MARYL	AND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (	Where doceosed lived, If	institution	residence before admission
	FULL NAME OF HOSPITAL OR	(IF NOT IN	HOSPITAL OR INS	TITUTION, GIVE STREET	Md.			2798
	INSTITUTION			rrisom St.	Baltiman		ISIDE CITY	
	00		imore, Ma		E. STREET AND NUMBI	_	YES 🔀	NO [
			1		3323 Wes	it Garrison	st.	
	Male	6. RACE	7- MARRI	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Und Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
		Negro	WIDOW		21 NOV 1925	45		
	done during most of v	working life, even il	retired)	OF BUSINESS OR INDUSTRY			12, CIT	TIZEN OF WHAT COUNTRY?
	13. FATHER'S NAM	s helper			Baltimon	1		USA
.			.41		14. MOTHER'S MAIDEN			
	James Deceased	Front II S A		1 6. SOCIAL	Leona 17. INFORMANT	Woods		
	Yos, no or unknown!	(If yes, give wo	or dotos of service	SECURITY NO.	Ruth Nash	(sieles) = 33	23 U	L. Garrison St.
∦	72S	1941	) 3	218-18-1427 CAUSE OF DEAT	H IN IN MEST	(31314) - Ba	1timore	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITI	ON DIRECTLY	ONOTE OF BEAT	•			BETWEEN ONSET AND DEATH
		LEADING TO		(A) IMMEDIATE CAL	ISE Cerebral	metesteses		3 days
1	heort foilure,	asthenia, etc. 11	ode of dying, e, means the disea	g., DUE TO, OR AS	A CONSEQUENCE OF:			
		plicalian which		7	1. ( C'I			
			S, if any, givi	(B) DUE TO, OR AS	nive ted fibre A CONSEQUENCE OF:	sercoma		her
	rise to the	abave caus	e (A) stating 1	ha	ercoma left	h A	bia	7 vedes
	- THE RETURN O	II	v 31.	(c) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	acoma 100	073107 111		Y
	OTHER SIGNIFICATION THE DEATH	CANT CONDITIO	NS CONTRIBUTIN	G Multial	e bone inf	Soute		7
	DISEASE OR CO	ONDITION GIVEN	ED TO THE TERMINA	R WHICH OPERATION				
	3/9/7	I W	AS PERFORMED	a left tibia	20A. AUTOPSY? (Yes o	IN CERTIFYING C	AUSES OF	DEATH?
-11	U 21A. ACCIDEN	T WAS UNDERL	YING 2	IR PLACE OF INJURY (e.g., I	n or about 21 C. WHERE DI	D (If In Boltim	ore City, glv	ve exact location)
	DEATH (notify	medical examine		ame, form, factory, street, al	see pidge INTUKT OCCUI	Kr		
	W IOE IN HIRDY	(Month) (Doy)		IE INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
H	(APPROX.)			While At Not While Nork At Work				
				the deceased from	Februer	19 78 to A	ugust	19 7 (
			eceased office or				Inlon dea	th occurred on the date
	and hour ond	from the cous	es stated above.	(1) ( <del>14 )</del> (did) (di <del>d noi</del> ) v	few the body ofter dea	th.		
			Sothera	MD AHO	nding Med.	¬ shaff ┌─┐		TE SIGNED
	23C. PHYSICIAI		/ /	GEGREE Phys	Director L	J Phys. □J		August 1971
		it a ddo	Sothe		University of	Maryland Ito	spital	, Baltimore, And
	REMOVAL IS	MATHON 24B. D	ATE 24C.	NAME of CEMETERY OF CRE	MATORY / 24E	LOCATION (	City town,	oj 2countyl (Stotol
	Down	20 7-	1-7/1	and man	n. Jako	Toursel "	mi	/, ,
	SA. DATE REC'D	BY HEALTH DEP	T. 268, NAM	OP REGISTRAR	25C. FUNERAL DIREC	TOP 11 OI	111	ADDRESS CA AND
1	25L 13	13/48	LE & Vals	C. P. D.	The Allegan	MH I had	9 m2	142 2 Colone Store

ADDRESS 1422



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital if the direct or contributing cause the body was released to the hospital by a medical examiner. Also, SEP 13 VS 150-REV. 1/1/68

	7-563 71	8549		HEALTH DEPARTMEN		71 8549		
	BIRTH NO.	0010	CERTIFICA	TE OF DEAT	H REG. NO.			
	1. NAME OF DECEASED (Type or Print)	G.			E AND HOUR OF DEATH			
	3. PLACE IN BALTIMORE, MA	AMES Finn AYLAND, WHERE P	erty RONOUNCED DEAD	14. USUAL RESIDENCE	eptember 9 (Where deceased lived, If in:	1971 11:00 P.M. stilution: residence before admission		
	FULL NAME OF (IF NOT HOSPITAL OR ADDRE	IN HOSPITAL OR I	INSTITUTION, GIVE STREET	Maryland c.CITY OR TOWN	212	The second secon		
1	THE GOOD SAN	MARITAN H	OSPITAL	Baltimore		DE CITY LIMITS?		
					kshire Rd.			
	5. SEX 6. RACE White	7- MAR	RRIED NEVER MARRIED NOWED DIVORCED	8. DATE OF BIRTH 04-23-99	9. AGE (In years lost bithdoy)	Months Doys Hours Min.		
	10A. USUAL O CCUPATION (GIV	. kind of work 10 B. KIN	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	done during most of working life, ev Retired		p Fitter	Baltimore,	Maryland	U.S.A.		
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	INAME			
		Finnerty		Margare	t Cooney			
	15. Wos Deceosed Ever in U. S (Yes, no or unknown) (II yes, give	Armed Forces? wor or dotes of ser	vice) 16. SOCIAL SECURITY NO. 216-07-6589	17. INFORMANT Mrs. Freder	ick Krug 731	ADDRESS Berkshire Road		
	1B. / 1		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CON	O DEATH	/ANIMAEDIATE CAU	se Respirato	orv arrest	5 minutes		
	heori failure, asthenia, etc	(This does not meon the mode of dying, e.g., heori failure, asthenia, etc. Il meons the disease, injury or camplication which coused death.)						
	ANTECEDEN	T CAUSES	(0)	Bilateral	l Pneumonia	4 days		
	DISEASES OR CONDIT	IONS, if any, g	DUE TO, OR AS	A CONSEQUENCE OF:	**************************			
	UNDERLYING CONDITION	N last.	(c) Cance	r of lung v	with effusion	ns l year		
	OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RI V DISEASE OR CONDITION GI	ONTO NS CONTRIBUT	MAI	of tongue	nd exphagus			
	19A. DATE OF OPERATION	198. CONDITION WAS PERFORMED		Yes	3.11	INDINGS CONSIDERED		
Ш	U 21A. ACCIDENT WAS UND	DERLYINO D	21B PLACE OF INJURY (e.g., in home, form, loctory, street, off	or obout 21 C. WHERE DI	D (II In Boltimore	City, give exoci locolion)		
	O DEATH (notify medical exam	nined no	etc.) XXX	XXX				
	OF INJURY (APPROX.) XX	•	While At   Not While		INJURY OCCUR?			
	22. I certify that (4) (thi	s haspital) attend	ded the deceased fram		10 77 . Cond	hamban 0 10 73		
			on September 9			tember 9 19 71		
	and hour and fram the c	auses stated abov	ve. (I) (W6) (dld) (M2Cn6t) vi	ew the body after dec	ith.			
	23A, SIGNATURE	1.1.1	1 110		and the second s	23B, DATE SIGNED		
	23C. PHYSICIAN'S	Harry.	Attent Phys.		Staff Phys.	September 9,		
	George H.	Sack, J	r., M.B DEGREE		Raven Blvd	21212		
	24A BURIAL CREMATION, 248 REMOVAL (Specify)		C. NAME OF CEMETERY OF CRE			, town, or county) (State)		
	Burial	9-13-1971	New Cathedral		Baltimore, Mar	yland		
	25A, DATE REC'D BY HEALTH	T - 1 - 2	ME OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS		
	SEP 13 FIN	Kobert E. Jai	Ber M.D.	Lilly & Zei	Ter Inc. 1901	-07 Eastern Ave.		

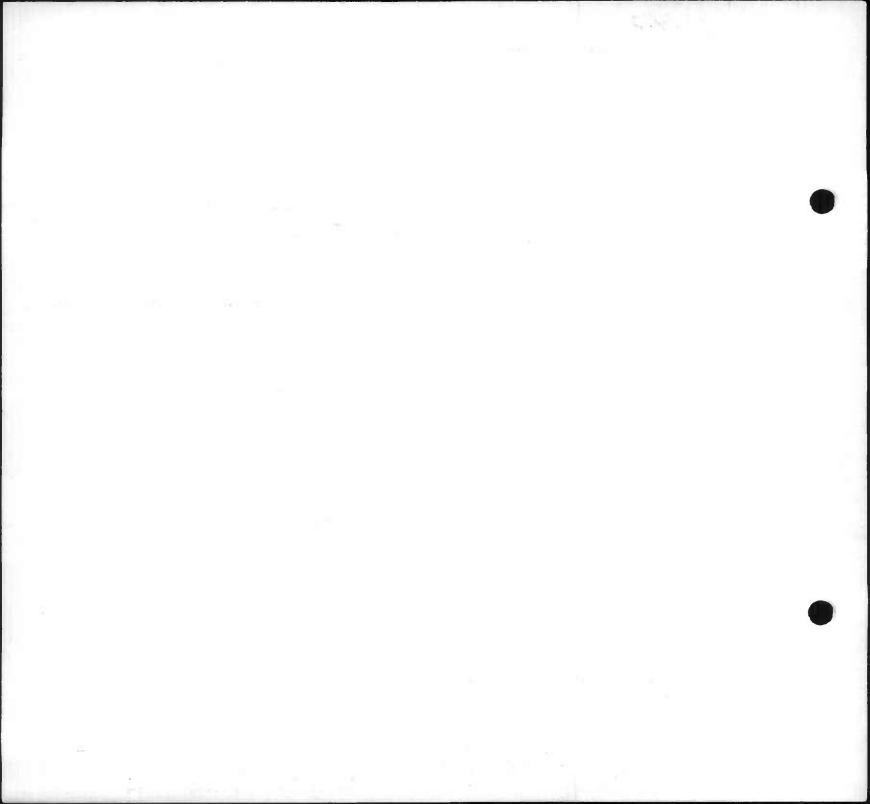


Salam Lange of Party of Martin Restated TE THE STREET STEELS Wy 34610 MAKYLAND EMELYDAM SHILL DELLER HALLY & ASKIN AFRES MY multiplicate 3574 50 745 to it outside these resultishes the second of the second of the second The second secon The second of the second to the second to the second to terms heating the structure and

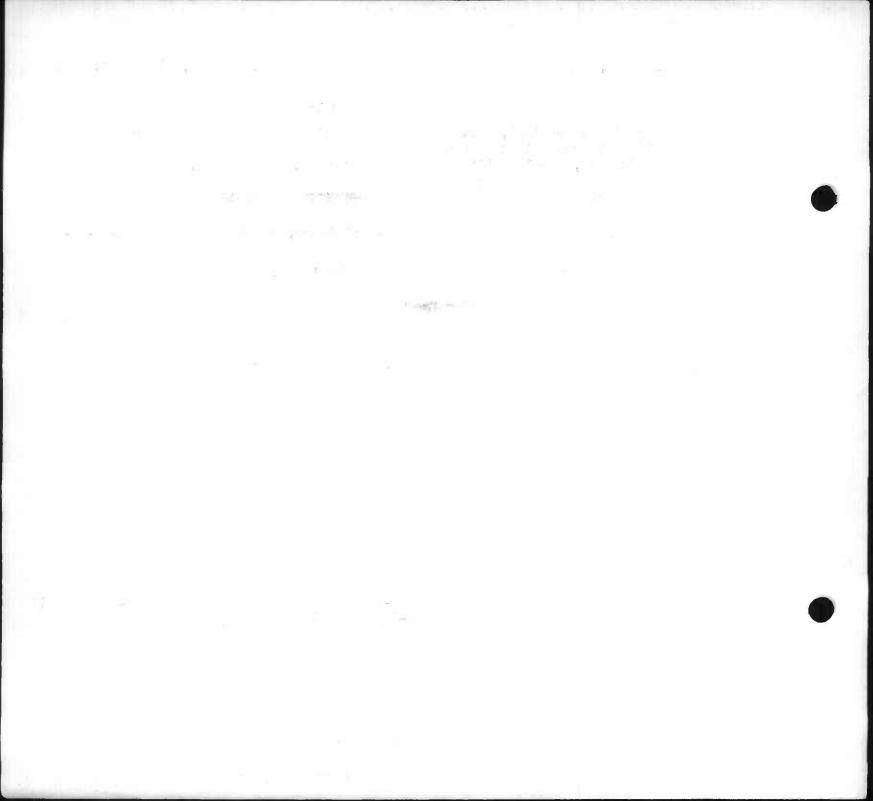
6-23		S50I	l E	BALTIMORE CITY HE				DEAT	···	1 0	res.
BIRTH NO.		MEDICA	LL	XAMINER'S	EKIIFI	CATE	E OF	DEAT	REG. NO.	L 8	(331
	1. NAME OF DECEASED				2. DATE OF DEATH		n 🖟	Month Septe	mber 9,	1971	8:53 A. M.
4. PLACE IN BA	LTIMORE, MARYLA	ND, WHERE I	PRON	DUNCED DEAD	3. DATE			Month	Doy	Yeor	Hour
FULL NAME OF	(IF NOT IN H	OSPITAL OR IN	STITUTI	ON, GIVE STREET	PRONO	UNCED D	EAD	Septe	mber 9,	1971	18:53 A.
OR INSTITUTION						ESIDENC	E (Where	e dece osed I		; residence	before odmission)
- T	Bon Secour	s Hospit	aı		A. STATE	Mar	yland	d	B. COUNTY		1753
6. SEX	7. RACE	8. MAR	RIED	NEVER MARRIED	C. CITY OF	TOWN			D. INSIDE CI	TY LIMITS?	
Male	Negro	WIDO	WED [	DIVORCED [		Bal	timo	re	YE	s 🗌	NO 🗆
9. DATE OF BIR		GE (In yeors birthdoy)		nder 1 Yr. If Under 24 Hrs. ths: Doys Hours Min.	E. STREET			rge St	reet. #6	D.	
11. BIRTHPLACE	11. BIRTHPLACE (State or foreign country)		12. 0	ITIZEN OF	851 George Street, #6D.						
Mar	yland		1	WHAT COUNTRY?	Louie Best						
14A.USUAL OCCI	UPATION (Give kind	of work 148. KIN	ID OF	BUSINESS OR INDUSTRY				-			
done during most of	working life, even if re	etired)			Pe	arl					
16. WAS DECEAS	SED EVER IN U.S.	ARMED FORCE	ES?	17. SOCIAL	18. INFOR		- 7		IA.	DRESS	
(Yes, no or unknown	n) (If yes, give wor or	dotes of service	:e)	SECURITY NO.	Ms	Pear	rl L	eggit	t, 718	Linn	ard SI
19.	VADA			CAUSE OF DEA				-56	, , , , ,	A	APPROXIMATE INTERVAL
DISEAS	SE OR CONDITION	LDIDECTIV								BEI	WEEN ONSET AND DEATH
DISEA	LEADING TO DEA			(A)IMMEDIATE C	Allee Ce	rebro-	-crar	nial in	njuries		
(This does	not meon the mode e, osthenio, etc. It me	of dying, e.g.	, 1	DUE TO, OR							
injury or co	mplication which cou	sed deoth.)									
	NTECEDENT CAUS	FC		and the same of th							
DISEASES	OR CONDITIONS,	IF ANY, GIVING	G	DUE TO, OR	AS A CONSE	QUENCE	OF:				
UNDERLYI	IE ABOVE CAUSE (.	A) STATING TH LAST.	E							-33	
<u> </u>				(c)							
D TO THE DE	NIFICANT CONDITION ATH BUT NOT RELATED TO SIVE	TED TO THE TER	MINAL								
20A. DATE O				WHICH OPERATION WA	S PERFORA	AED				21 AUTO	OPSY? (Yes or No)
ü											
	NAL CAUSE WAS		228.	PLACE OF INJURY (e.g.,	In or obout	22C. WHE	RE DID	(II In Boltimo	ore City, give exo	ct location)	Yes
	GMOR CONTRIB- AUSE OF DEATH,		home	PLACE OF INJURY (e.g., form, foctory, street, olfice	bldg., etc.)						
≥ 22D. TIME	(Month) (Doy)	(Yeor) (Ho	ur) 2	Sidewalk ZE.INJURY OCCURRED	3):			JURY OCC		XINGLO	on St.
(APPROX.)	9-3-71	?	m. W	HILE AT NOT	WHILE ORK	Presi	umabl	y acc	identall	y fel	
	tify that I held o	n Inquiry	П	Inspection Au	V	and th	na4 on 41	hie beele	death in my		
									_	_	
resu	Ited from: Neturo	ol couses U	A	ceident Suicid		emicide			ned monner		
ACTUAL	( // //	( ). I	0	Jana of				XAMINER	1		DATE SIGNED
SIGNAT		Way.		M.D	•			XAMINER			0 1071
NAME (	ullat L	es S. S	prin	ngate, M.D.	ASSO	CIATE ME	EDICAL E	EXAMINER	□ Sept	ember	9, 1971
24A. BURIAL CRE		3/71	24	MT Auburn	C met	ry		A C	(City, town	or county Md	(Stote)
25A. DATE REC'E	BY HEALTH DEPT.	and the same of th		OF REGISTRAR	25C.	OL DO	DIRECTO	R Halst	ead 120	DRESS	North A
SEP 13 VS 151-REV. 1/1/6	1010	m & 30		si() ()	1	5 4	3		2.00		02 011 11
	1/ 8	10 776	3								

# FUNERAL DIRECTOR: IMPORTANT the chief medical examiner or his assistant if dea

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. pital and of death Deceased Such I.NAME OF DECEASED BARBARA 2. DATE AND HOUR OF DEATH (Type or Print) HO hospital SEP7 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission, attendance B. COUNTY cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (4) Undetermined cause; C. CITY OR JOWN 9 D. INSIDE CITY LIMITS? 8 YES 1 NO prior contributing E. STREET AND NUMBER occurred made. regular 5. SEX 6. RACE 8. DATE OF BIRTH 1886 7. MARRIED NEVER MARRIED 9. AGE (in years If Under 1 Yr. II Under 24 Hrs. eceased Hours lost hirthdox WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death = disposition done during most of working life, even if retired) ŏ Housewife none W as the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct Frederick Huber Barbara Hoover death E O 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give wor ar dates of service) 6. SOCIAL 17. INFORMANT 1824 Hope final SECURITY NO. Cassedy Mrs Dorothy C. attendance 54-532 ERGEN any pronounced 18. OL CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 50, DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture 1This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl failure, osthenio, etc. Il meons the diseose, examiner. regular injury or complication which caused death.) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF: are 4 DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the 3 physician UNDERLYING CONDITION last. before the remains medical Was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body 198 CONDITION FOR WHICH OPERATION the 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 25 **b**y 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, form, factary, street, office bldg., INJURY OCCUR? where (If In Boltimare City, give exoct lacation) to the hospital MEDICAL DEATH (natify medical examiner) any nature; 2 21 D. TIME OF INJURY obtained (Month) (Doy) (Yeor) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except Not While While At (APPROX.) and At Wark 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on\_ 99 ond that in (my) (our) opinion death occurred on the date of hospital death) and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. the body was released must accident 23A. SIGNATURE 23B DATE SIGNED Attending | Med. 0 approval Director 23 C. PHYSICIAN'S NAME (Type) 8 prior certificate 23 D. ADDRESS at An SKERMA DEGREE 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY eceased 24D, LOCATION (City, town, or county) o (Stote) written shows: Moreland Memorial Baltimore. Maryland SD 25A. DATE REC'D 25C. FUNERAL DIRECTOR & Sons Inc. ltimore Maryland 21213 VS 150-REV. 1/1/68

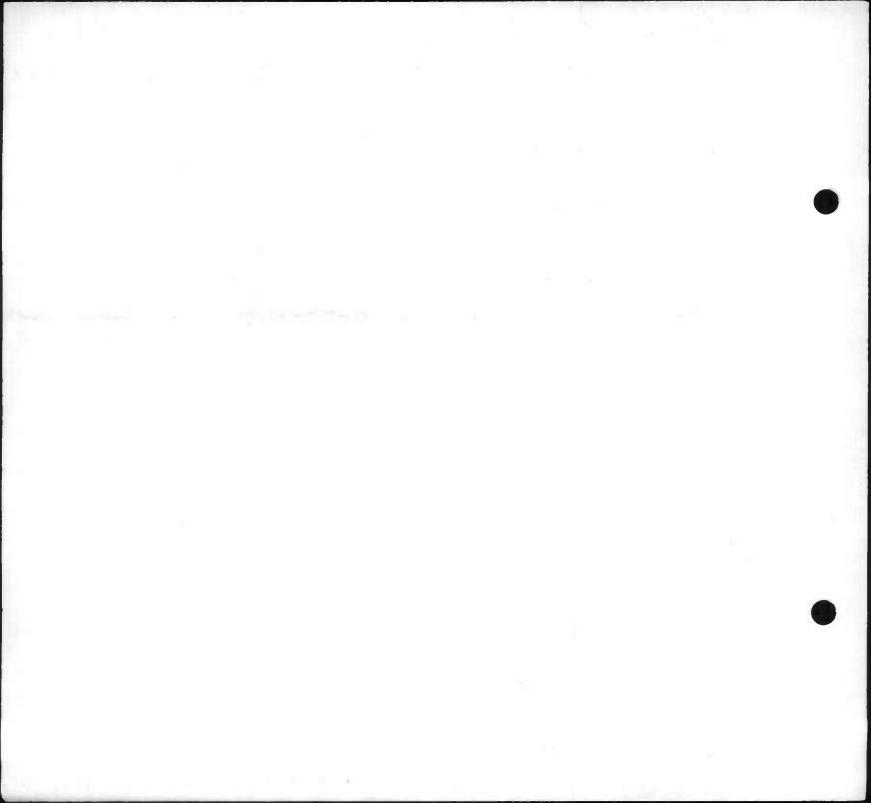


1	-55	5 71 8		HEALTH DEPAR		71 8553			
and eath ased the Such	BIRTH NO.		555 CERTIFICA			0			
S	(Type or Print)	ohnson, Sarah	White		2. DATE AND HOUR OF D September 11	.1971   2:50 AM			
	3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased live	d. If institution: residence before admission)			
hosi use (5) danc dec	FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland 1537					
cau use; tend r to	HOSPITAL OR	Provident Hosp		C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?					
ng cau cau		2600 Liberty H		E. STREET AND	NUMBER	YES NO			
e + P L de		Baltimore, Mar	yland 21215	2720 N. Longwood St.					
tribu mine guía sed mad	5. SEX	6. RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthday) 43	s If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
occur ontrib ermin regul	Female	Negro	WIDOWED DIVORCED	3-4-192	8 43	Months Doys Hours Min.			
E 0 # _ 0 E	done during most of	CUPATION (Give kind of work if working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
or nde itio		hnologist	John Hopkins Hos	Baltimor	e, Maryland	U. S. A.			
Na Sol	13. FATHER'S N.	AME		14. MOTHER'S M					
ire (4 h v		ames A. Whit		Mary's	Mary Sophia Logan				
ind;	15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed Form	s of service)   16. SOCIAL   SECURITY NO.	17- INFORMANT		ADDRESS			
the the kin de nce	No	6	579-48-733	5 Rudolph	P. Johnson	2720 Longwood St.			
if in his second of the second	18.	9 137	CAUSE OF DEAT			APPROXIMATE INTERVAL			
Also, re of a nounc atten	DISE	ASE OR CONDITION DIR		1-1	1- RIL	BETWEEN ONSET AND DEATH			
Als nou aft	(This does	LEADING TO DEATH	dving eq. (A)IMMEDIATE CAL	ss/U/mma	111 DI16/8	va/ 9/6/7/			
er oro ar ba	heart failure	, osthenio, etc. It meons mplication which caused	the disease.	A CONSEQUENCE O	0F; √ 1 .				
E E	1,0., 5. 55	ANTECEDENT CAUSES	A.	1. TO K	/	1 1 1			
A fr who reg	DISEASES	OR CONDITIONS, if a	iny, giving (B) DUE TO, OR AS	A CONSEQUENCE	YOCARDIAL 1-	17670104			
3) (S = 0)	rise to 1	ne above couse (A)	sloling the		01.				
s; (o	UNDERLIIN	G CONDITION last.	(c)	1 1	AAAAA				
nedica edical burns; hysicia n was remain	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
phy phy									
a rady dy		F OPERATION 198. CONE	STION FOR WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 208. IF YES, V	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?			
by ch th thys	19A. DATE O					CAUSES OF DEATH?			
the all b	OR CONTRIC	NT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21 C. WH! fice bldg., INJURY (	ERE DID (If In Bo	offimore City, give exact location)			
hospita ature; pt whe (6) No ined be		y medical examined	etc.)						
nosp atur (6)	OF INJURY	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED While At Not While		A DID INTRA OCCUES				
o h	(APPROX)		Work At Work	' 🗆 📗					
ppr dany any ar, ar	22. I certify	that (1) (this hospital)	ottended the deceased from 9-		19 .71 to	9-11 19 71			
024-00		) last sow the deceased		1971	and that in (my) (our	) opinian death occurred on the date			
st be a treed to ent of ent of spital feath)	and harr or	d fram the causes state	ed obove. (1) (We) (did) (did not) v	lew the body ofte	er death.				
eased ident hospit nust	23A. SIGNAT	4///	a la id Nia Am	. 4		23 B. DATE SIGNED			
a to a	23 C. BHYSICI	ver or 110	DEGREE Phys		ctor Phys.	9/11/71			
was r An a L at c prior	SAME (	Typel T / E	Zhaciei D	3D. ADDRESS	77-15				
the State of the last			DEGREE	1/2	notallo	live			
	24A. BURIAL CR REMOVAL		24C. NAME of CEMETERY OF CRE		24D. LOCATION	(City, town, or county) (State)			
Ws. Ws.	Buria				Baltimore	Co. Maryland			
the bod shows: was D.C decease	ZOA. DATE REC'S	1 9 1971 Pasa	258. NAME OF REGISTRA	25C. FUNERAL		ADDRESS			
₹ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	SEP	13 B/I Vocas		NUTTER	FUNERAL HOM	ME3035 W. NORTHAVE.			



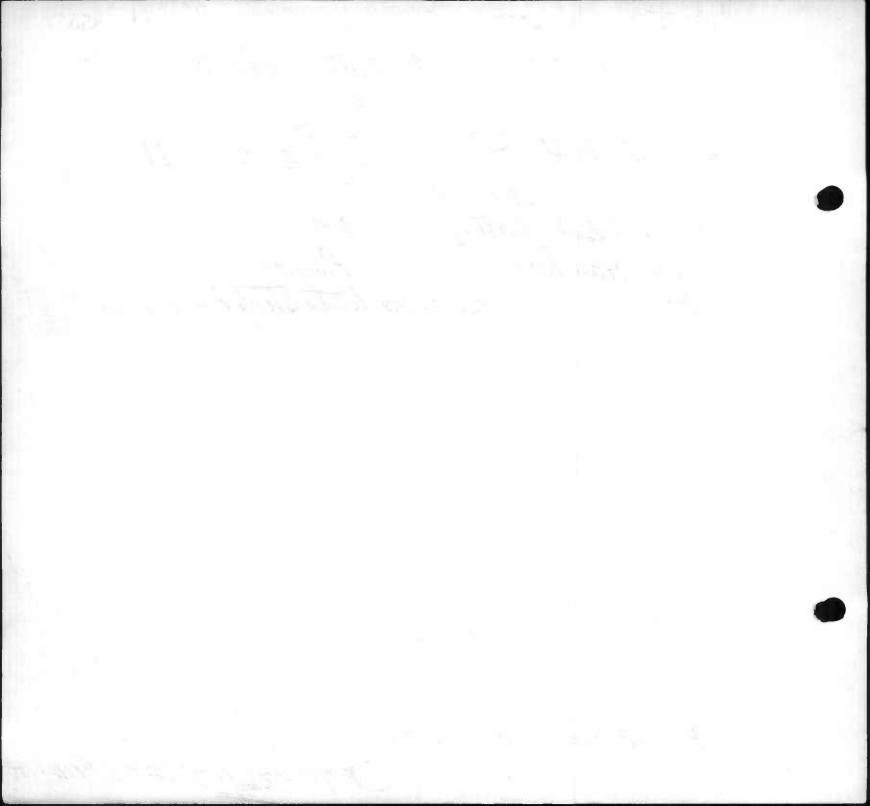
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	P-630 71 8554 BALTIMORE CITY HEALTH DEPARTMENT CEDITIFICATE OF DEATH REG. NO. 71	2554									
	BIRTH NO.	<u> </u>									
1	(Type or Print)  PROUT, VERNON E. 2. OATE AND HOUR OF DEATH Sept. 10 1971	, 37									
	3. PLACE IN BALTIMORE, MARYLANO, WHERE PRONOUNCEO DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: re-	sidence before admission)									
	NORTH CHARLES GENERAL HOSPHASE. STREET AND NUMBER YES []	NO									
de	5. SEX 6. RACE 17. MARRIED TO MARRIED TO SERVICE STREET AND AUC.										
is made	MARRIED NEVER MARRIED S. OATE OF BIRTH 9. AGE (in years lost birthday) WIDOWED DIVORCED 12/19/11	1 Yr. If Under 24 Hrs. Days Haurs Min.									
		EN OF WHAT COUNTRY?									
disposition	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	ISA									
disp	WALTER PROUT Stella Lea										
final	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   17. INFORMANT   18. SECURITY NO.	ADDRESS									
	214-01-5394 Magery Prout: 5103 Kenilwort	h Avenue									
or	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH									
balmed	LEADING TO DEATH	1 home									
alu	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease										
E	injury or complication which coused deoth.)										
0	DISEASES OF CONDITIONS II	years									
S are	DISEASES OR CONDITIONS, il any, giving rise la lhe abave couse (A) stating the UNDERLYING CONDITION last, (C) Caragolius hart for last										
ä											
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
the	Ulscase or condition given in part 1 (a).	CONCIDERED									
10	WAS PERFORMED IN CERTIFYING CAUSES OF O	EATH?									
before	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, office bldg. INJURY OCCUR?	exact locotion)									
ained	21D-TIME (Month) (Day) (Year) (Haut) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?										
a i	While At Wark At Wark										
opt	22. I certify that (1) (this hospital) attended the deceased from	19									
pe	that (I) (we) last saw the deceased alive an	occurred an the date									
ıst	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.										
Ē	11 1 1 123R OATE										
2	Jelma Sathirakin M.B. Degree Phys. Director Phys. D. 9-, 23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  VERNB SATHIRAKUL M.D. DEGREE NORTH CHARLES GENERA	10-71									
or o	NAME (Type)										
db	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or	AL HOSPITAL									
9	Burial 9-15-71 New Cathodral Comptons										
written approval must be	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR. 25C. EUNERAL DIRECTOR	Maryland									
- 1	SEP 13 19/1 U43 LA CLARE AND NUTTER FUNERAL HOME 3035										
	VS 150-REV. 1/1/68										



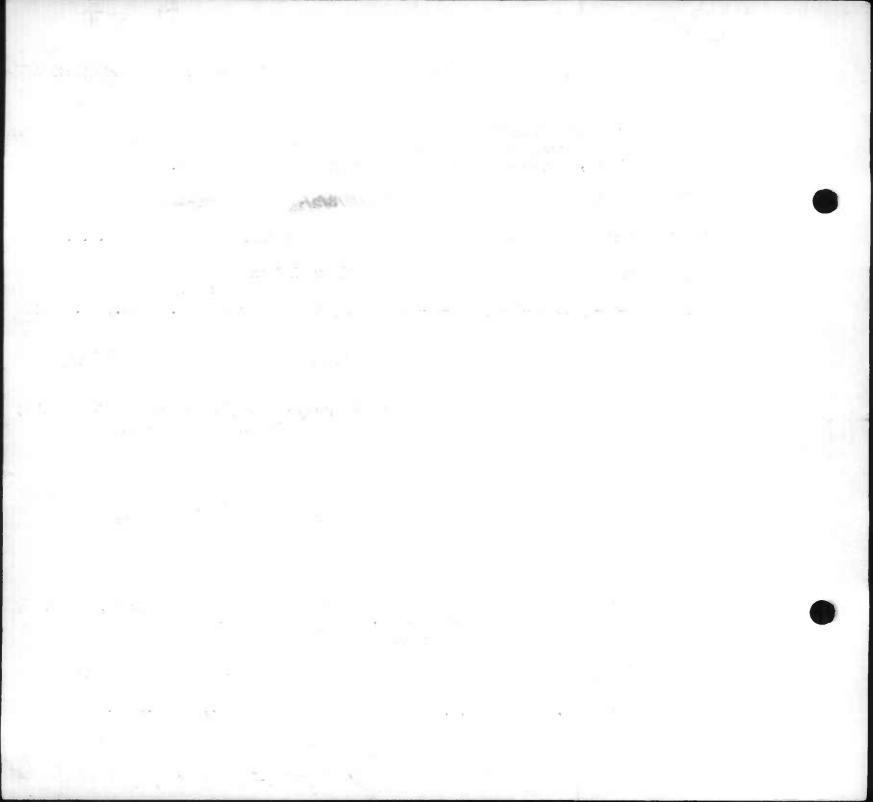
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	14-25-2	BALTIMORE CITY	HEALTH DEPARTMENT		74 0855
M.E.	THO. 202 71 855	CERTIFICA	TE OF DEATH	Registered Na.	8500
	AME OF DECEASED WILL A	n C. HAW	1KINS 2. DATE AND	HOUR OF DEATH	3P, M.
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. USUAL RESIDENCE (Where	deceased lived. If instit	ution: residence before admission)
II H	FULL NAME OF (If not in hospital or instituting the state of the state	on, give street	C. CITY OR TOWN (If outs	ide city limits, write RUR	(AL and give fownship)
0		-1	D. STREET ADDRESS (If n	orol, give location	
6	503 E. 21st		503 E.	21RT L	
5. \$	M . 6. RACE 7. MARR WIDO	WPD, DIVORCED (specify)		ost birthdoy)	f Under 1 Yr. If Under 24 His.
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life; even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
13. [	FATHER'S NAME		14. MOTHERS MAIDEN NAM	1E 7	
	Wim Haw Roms		Emmis		
15. V (Yes	Was Deceased Ever in U. S. Armed Forces? s, no ocunknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	70-	ADDRESS
	no	216-05 1423	anda Shan	Mark 503	
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	/	ONSET AND DEATH
	LEADING TO DEATH	(A)	ASHD	තාව ස්වේක්ෂි කිරෙසු සහ සංස් සිට්මාවේ මෙව් රාධ් පාරාධාරණක සහ සංස සංස ස්වේක්ෂි කිරව සා සා ස	hing w since come a new concess and all the concess co
	(This does not mean the made of dying, heart failure, asthenia, etc. II means the dise injury or camplication which caused death.)				
	ANTECEDENT CAUSES	(B)	Arteriosch	erisis	
	DISEASES OR CONDITIONS, if any, given				
	use to the above cause (A) stating UNDERLYING CONDITION last.	the (C)			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING	C		
ATIC	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	an	emia		
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	IIf in Boltimore C	ity, give exoct location)
EDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
2	(APPROX)	While At Work Not While At Work			
	22. I certify that (I) (this hespital) attended		Janasan 1	963 to Se	17. 19.7.1
11 1	that (1) (we) last saw the deceased alive	0	28 19 / and tha	t in(my) <del>(our)</del> apinio	n death accurred an the date
- 11 - 1	and haur and fram the causes stated abave 23A. SIGNATURE	e. (I) ( <del>We)</del> (did) (d <del>id no</del> t) v	riew the bady after death.	120	B. DATE SIGNED
	-110	M.D. Atte	ending Med. S. Director	Stoff Phys.	9/17/
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	nys.	1/10/1/
	Jesse T. HolmES	M.D.	508ENorth	QUE. B	Balto, md.
24A	BURIAL CREMATION, 248. DATE 249	C. NAME OF CEMETERY OF CRI	EMATORY 24D. LO	1 1	town, or county) (Stote)
25A	DATE REC'D BY HEALTH DEPT. 1258. NAM	METOF REGISTRAN	CZSC. FUNERAL DIRECTOR	11. ( Worthy	ADDRESS
	SEP 13 1971 ( Cotto & F. F.	Dew, M.D. C	Trapla ling	Jocks 8 1:	204 / Center 18
VS	150-REV. 1/1/65				



This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

6-65	7 -74	0556		HEALTH DEPARTM		71.	8556
BIRTH NO.	/1.	2000	CERTIFICA	TE OF DEA	TH REG. NO		0000
1. NAME OF DI	ECEASED			2. D	ATE AND HOUR OF DEAT	Н	
	GRAHAM, L	awrenc	e Charles		September 11,	1971	10:10 Am.
	ALTIMORE, MARYLAND, W			A. STATE	E (Where deceased lived, II	institution	residence belare admission)
FULL NAME OF HOSPITAL OR		INOITA	TITUTION, GIVE STREET	Maryland			860
INSTITUTION T	Veterans Admin	istrat	ion Hospital			ISIDE CITY	
23:	3900 Loch Rave	n Blvd		Baltimore E. STREET AND NUM	MBER	YES	NO
919	Baltimore, Mar	yland	21218		erson Park Ave		
5. SEX	6. RACE	7- MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Und	der 1 Yr. II Under 24 Hrs.
Male	Negro	WIDOW	DIVORCED	8/2:115	lost birthday 56	'   Mαnthe	s Days Haurs Min.
dane during most of	CUPATION (Give kind at work at working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. 8IRTHPLA CE (State	or foreign country)	12. CI	TIZEN OF WHAT COUNTRY?
Shipping		Lucas	Brothers	North Car	olina		U.S.A.
3. FATHER'S N				14. MOTHER'S MAID			
Lawrence	a Graham			Wilmer Al			
	ed Ever in U. S. Armed Forwall (If yes, give war ar date	ces?	1 6. SOCIAL	17. INFORMANT	Records		ADDRESS
Yes, no or unknow	vnl Of yes, give wor or dote				•	70-71	
18.	11-10-45 60	10-21-	CAUSE OF DEATH		och Raven Blvd.	, Balt	
2.0	ASE OR CONDITION DIR	ECHY	CAUSE OF DEATE	_			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Dist	LEADING TO DEATH	ECILI		Δ			121
hearl lailure	nal mean the made of e, asthenia, etc. It means amplication which caused	the diseas	Q. (A) IMMEDIATE CAU DUE TO, OR AS A	CONSEQUENCE OF:	ian		<3hrs
injury di Co	ANTECEDENT CAUSES	aeam.)		-			
DISTACES			(B) Ca, 09	Esophagu	To Numerous	1, <	6 months
rise to 1	OR CONDITIONS, il (he above cause (A)	any, givin slatina th	DUE TO, OR AS	A CONSEQUENCE OF:	To Namerous	VISER	ed .
UNDERLYIN	G CONDITION last.	101	(c)	****	*******************		
7	11						
OTHER SIGN	IFICANT CONDITIONS CON	VTRIBUTING	3				
DISEASE OR	CONDITION GIVEN IN PART	1 (A).					
19A. DATE O	WAS PERF	ORMED	WHICH OPERATION	Yes	S OF No.) 208, IF YES, WERE IN CERTIFYING CA	AUSES OF	DEATH?
OF CONTRIB	ENT WAS UNDERLYING		IB. PLACE OF INJURY (e.g., in	or about 21 C. WHERE	DID (II In Boltimo		Ve exact location)
DEATH (notified of INJURY	ly medical examiner	et	ome, form, factory, street, olfi ic.)	ce bidg., INJURY OCC	:U R?	A.III	
OF INJURY	(Month) IDay) IYear)	(Hour) 21	E INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?		
(APPROX)		\W	/hile At While				
22. 1 certify	y that (MC(this haspital)			ugust 27	10 71 . Cant	ombow	11. 19 71
that 🥨 (we	) last saw the decease	d alive an	September 11	19 71	and that In (160) (aur) api		
and hour an	nd from the causes state	ed abave.	(We) (did) 1600000 vi	ew the bady after d	eath.		
10 7	T		Atten	ding 🖂 Mad	- c. " -		TE SIGNED
23C. PHYSICI		W-	Phys. DEGREE Phys.	Med. Director	Staff Phys.		9/12/71
NAME (	***				73		1/2 040 7
4A. BURIAL CRI	Richard A. 7	omosu	La M.D. DEGREE		aven Blvd., Bal		
REMOVAL	(Speally) 9/15/7	1 1	NAME OF CEMETERY OF CREATER	MATORY HAS	24D. LOCATION (C	ity, town,	or countyl (State)
SA. DATE REC'D	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR		TIMESOUR	7 /	ADDRESS
2FL 13	19/1 Valle &	Jabe		Joseph	- D. Kodk	= 1	1304 R. Cospal
S 150-REV. 1/1/	/68			- 1			



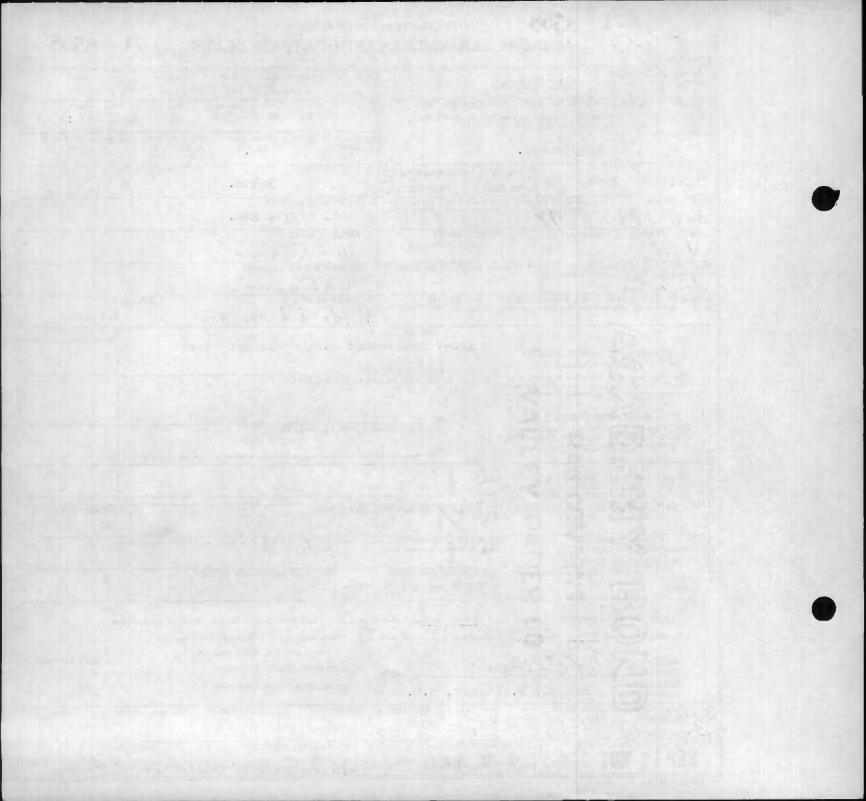
VS 150-REV. 1/1/68

GLEN BURNIE

10 July 1.3  1914

#### OFFO

1 8508 BALTIMORE CITY HE	MA /	0750
BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	1 8500
I. NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour
(Type or Print) MARY PETTIS	OF   Month   Doy   OF   Estimated	71
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 9 6 1	971   8:10 a
1421 Argyle Ave.	S. USUAL RESIDENCE (Where deceased lived. If institution: re A. STATE Md. B. COUNTY	sidence before odmission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY I	IMITS?
female negro widowed Divorced	Balto. YES	NO D
9. DATE OF BIRTH 10. AGE (In years   H Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	e. STREET AND NUMBER 1421 Argyle Ave.	
1 f. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Vai	Uhknown	
14A.USUAL OCCUPATION (Givekind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	1 V	
16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL	IB. INFORMANT A ADDR	ECC
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mildred Anderson	59me
19. 11 CAUSE OF DEA	TH	APPROXIMATE INTERVAL
	otic cardiovascular disease	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH	Alice	
heort toilure, osthenlo, etc. It meons the disease,	AS A CONSEQUENCE OF:	
filury or complication which coused death.)		
ANTECEDENT CAUSES (B)	AC A COMPONENCE OF	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
II		
C)		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21	. AUTOPSY? (Yes or No)
		no
UNDERLYING OR CONTRIB- home, form, foctory, street, office	In or obout 22C. WHERE DID (II in Boltimore City, give exact to bldg., etc.) INJURY OCCUR?	ecation)
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX ) WHILE AT NOT	WHILE WORK	
23.  1 certify that I held on Inquiry Inspection X Au	topsy and that on this basis, death in my opi	nlon
resulted from: Notural couses Accident Suicic		in on
70/0/	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE M.D	ASSISTANT MEDICAL EXAMINED	DATE SIGNED
EXAMINER'S Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER	9/6/81
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, lown, or	county) (State)
Burial 9-13-71 Mt. Calve	ory Con A.A. Co	Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	ESS 1-13
SEP 13 BM Vade C Jacks, 40.0	1 Audison Juneral Home	-N. Arlington
		7



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VS 150-REV. 1/1/68

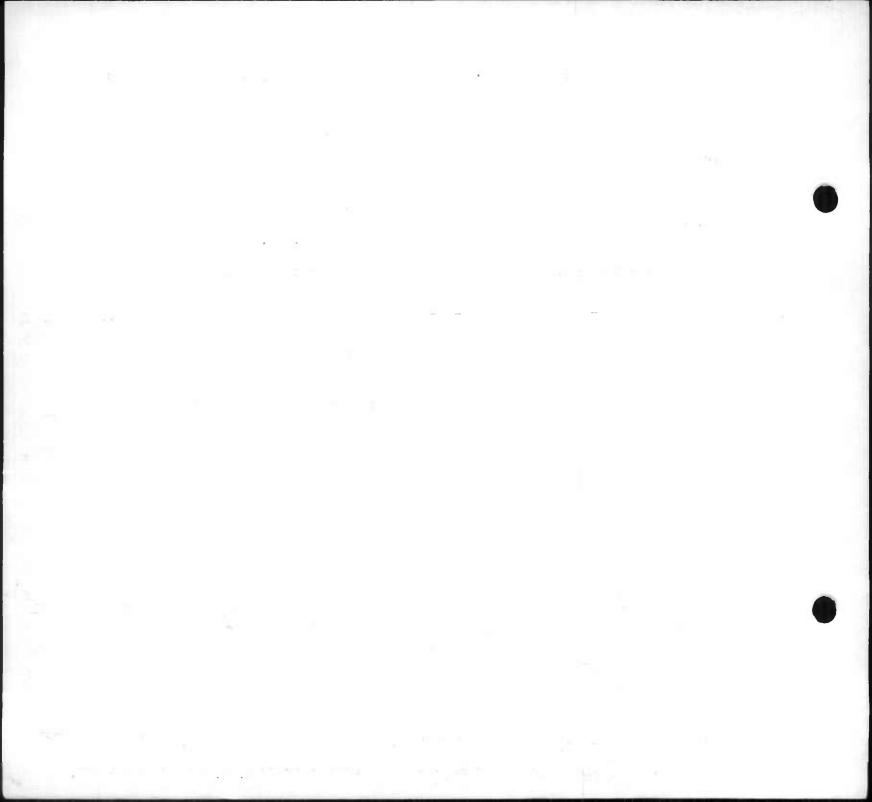
NO If Under 1 Yr. If Und Months! Doys Hours If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Herman Cooper, 4014 Bateman Ave., 21216 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct lacotion) ....ond that In (my) (que) opinion death occurred on the date 23B, DATE SIGNED or county) A DDRESS MORTON & DYETT FUNERAL HOME 1701 Laurens St.

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THE PERSON NAMED OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN

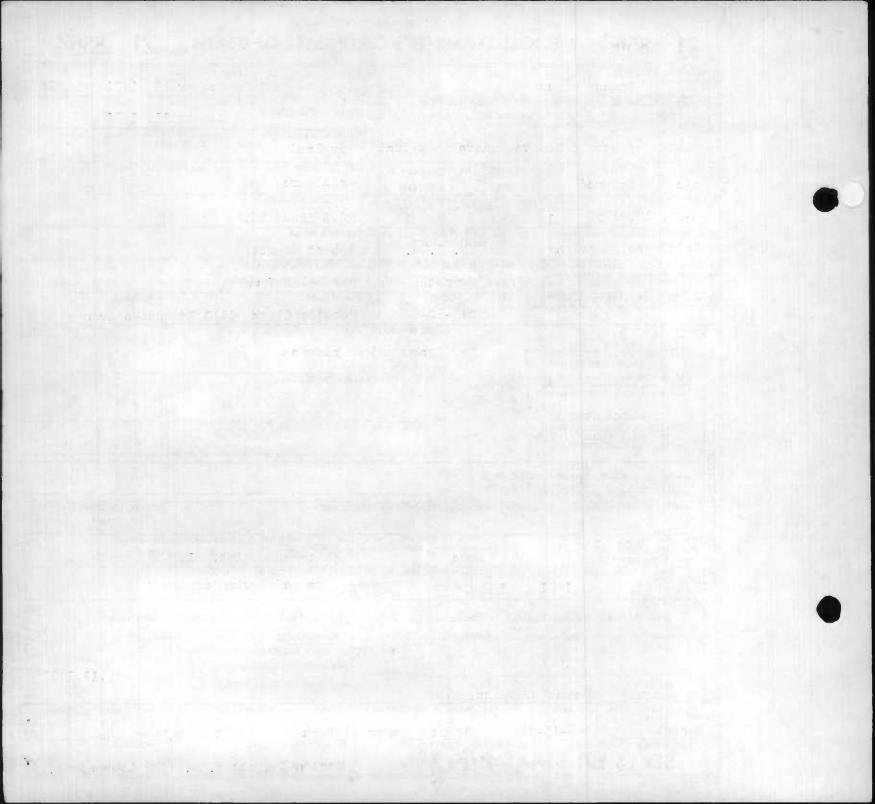
2	7	2	-	. 1	
is certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	death	eased	n the	); and (6) No physician was in regular attendance on the deceased prior to death. Such	
ospita	e of	5) Dec	nce o	leath.	
n a h	Caus	use; (	tenda	r to c	
irred	buting	ned co	lar a	d prio	ade.
h occu	contri	stermi	regu	cedse	n is m
f deat	ct or	) Unde	was ir	he de	ositio
tant i	e dire	nd; (4	eath \	+ uo	al disp
s assis	if th	any ki	ced de	ndance	or fin
r or hi	Also,	ire of	unouc	atter	med
mine	miner.	fractu	no pre	gular	empo
al exc	exa	(3) A	an wi	in re	ns are
medic	edica	burns	hysici	In was	remai
chief	Yan	Body	the p	nysicio	re the
by the	oital b	re; (2)	where	No D	peto
peAo.	e hosp	/ natu	cept	(9) pu	fainec
e appr	to th	of any	ral (e)	th); a	pe op
nust b	edsec	cident	hospit	o dea	must
is certificate must be a	Vas re	An act	as D.O.A. at a hospital	sceased prior to death)	ritten approval must be obtained before the remains are embalmed or final disposition is made.
cortifi	Sody >	vs: (1)	D.O.A	dsed	ten ap
.2	e p	0	SID	Ce	E

6221	71 8561 CEPTIFICA	THEALTH DEPARTMENT REG. NO. 71 8561
and eath ased the Such	I. NAME OF DECEASED	
de de S	FERGUSON, CHARLES H.	2. DATE AND HOUR OF DEATH
hospital and ise of deat (5) Deceases ance on the death. Suc	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 603  C. CITY OR TOWN ID. INSIDE CITY LIMITS?
_ = -	Veterans Administration Hospital	Baltimore YES X NO
U	3900 Loch Raven Boulevard	E. STREET AND NUMBER
but ned ned ade	Baltimore, Maryland 21218	541 N Mount Street  8. DATE OF BIRTH   9. AGE (in years   If Under 1 Ye . If Under 24 Hrs.
tri tri gg	Male Negro WIDOWED DIVORCED	15. Date of Birth  19. Age (in years lost birthday)  14/14/04  19. Age (in years Months)  19. Age (in
con con re- ced	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Laborer roofing	Lee Hall, Va. USA
if dearect or (4) Und was i the de ispositie	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Jerry Ferguson	Margaret Ferguson
B B B O -	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	VA Hospital Records
N - C:-	Yes 1942 - 1945 217-07-2548	3900 Loch Raven Boulevard Balto, Md 21218
ongar	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, e of noun atter med	LEADING TO DEATH	use Carcinoma of esophagus
	heart loilure, asthenio, etc. it means the disease.	A CONSEQUENCE OF:
iner. ractu pro ular mba	injury ar complication which caused death.)  ANTECEDENT CAUSES  Possib	la and had a college
A fr who reg	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS	le cerebral vascular accident A CONSEQUENCE OF:
. S a s a	THE CONDITION I	
dical lical rns; sicia was	11	
973 2 7	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (a).	
E . O O . I	SISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED
chief y a n Body the n ysici	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES
the circle by (2) B ere ties of phy		n or about 21 C. WHERE DID (If In Baltimore City, give exact location) fice bidg., INJURY OCCUR?
Ye ve ve	OR CONTRIBUTING CAUSE OF hame, form, foclory, street, of etc.)  DEATH (notify medical examines)  21D.TIME (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED	
	S (APPROX) While At   Not While	21F. HOW DID INJURY OCCUR?
S S > X E &	Work LJ At Work	L
dapp to th f an (e)	that (V (we) lost sow the deceased alive on Sentember 8t.	gust 10th 19 71 to September 8th 19 71 h 19 71 ond that In (my) (our) opinion death occurred on the date
t be a sed t ant of spital eath)	ond hour and from the couses stated above. (1) (We) (did) (of of high) vi	iew the body ofter death.
eased ident o hospital death	23A. SIGNATURE	23 B. DATE SIGNED
must eleas ccide a hos to de	DEGREE Phys	nding Med. Staff Phys. St
y was rel (1) An acc 3. A. at a l d prior to	23C.PHYSICIAN'S NAME (Type)	3900 Loch Raven Boulevard
certificat sody was s: (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	Baltimore, Maryland 21218
E-1000-	24A- BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF CRE BURIAL 9-14-71 MT CALVERY CM.	BALTIMORE, MARYLAND
	25A. DATE REC'D BY HEALTH DEPT.   25E NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
S Q S M T H	SEP 13 1971 Upber E. Valber, M.D.	MORTON & DYEAT F. H. 1701 LAURENS STS.
	VS 150-REV. 1/1/68	



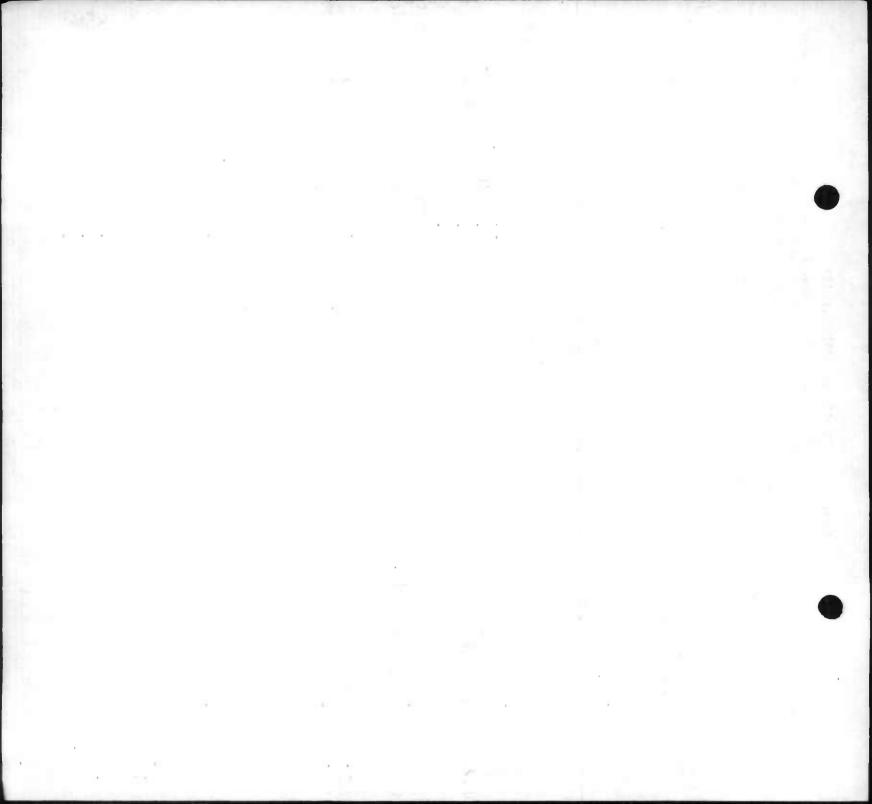
#### BALTIMORE CITY HEALTH DEPARTMENT

71 8562 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 8562
1, NAME OF DECEASED	2. DATE Known Manth Doy Year Hnur
(Type or Print) James Townes	OF DEATH Estimated   September 11, 1971 6:55 A
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD September 11, 1971 6:55 A  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before adea) salon)
South Baltimore General Hospita	A. STAMERY Land B. COUNTY 5.5%
6. SEX Male Colored  8. MARRIED NEVER MARRIED M WIDOWED DIVORCED	Baltimore D. INSIDE CITY LIMITS?
9. DATE OF BIRTH 10. AGE (In years Months; Days Hours Min. 20, 1950 21	
Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Robert Mahatt
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	TY 15. MOTHER'S MAIDEN NAME
done during most of warking lile, even (frelired) Press Operator	Darphelia Townes
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no ar unknown) (If yes, give wor ar dates of service) 219-52-6809	Mozelle Clark 1113 Edmondson Avenue
19. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY Stabwou	nd of abdomen
LEADING TO DEATH (A)IMMEDIATE	
(This does not mean the made of dying, e.g., heart loilure, asthenia, etc. it means the disease,	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
<u>C</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No
22A. EXTERNAL CAUSE WAS UNDERLYING → CONTRIB. CAUSE OF DEATH.	, in or obaut 22C. WHERE DID (If in Saltimare City, give exact lacottan) injury occur? kitchen of Apt.B-1,2600 Round Rd.
2 220 TIME (Month) (Day) (Year) (Hour) 122E INITIAL OCCURRED	122F. HOW DID INHURY OCCURY
OF INJURY 9, 11,1971 2:25 WHILE AT NO ATY	stabbed during argument
23.   Cartify that I held an Inquiry   Inspection   A	utapsy and that an this basis, death in my apinion
resulted fram: Natural causes Accident Suici	de Hamicide L Undetermined manner
1 111111111111111111111111111111111111	eputy CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE M.I	_ ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Werner U. Spirz M.D.	ASSOCIATE MEDICAL EXAMINER  Sept.11,1971
24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	f or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 9-15-71 Arbutus Men	norial Park Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
SEP 13 1911 Robin E. Jaben M.D.	Morton & Dyett F. H. 1701 Laurens St.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such sistant if death occurred in a hospital and the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased 2. DATE AND HOUR OF DEATH NAME OF DECEASED (Type or Print) September 10,1974

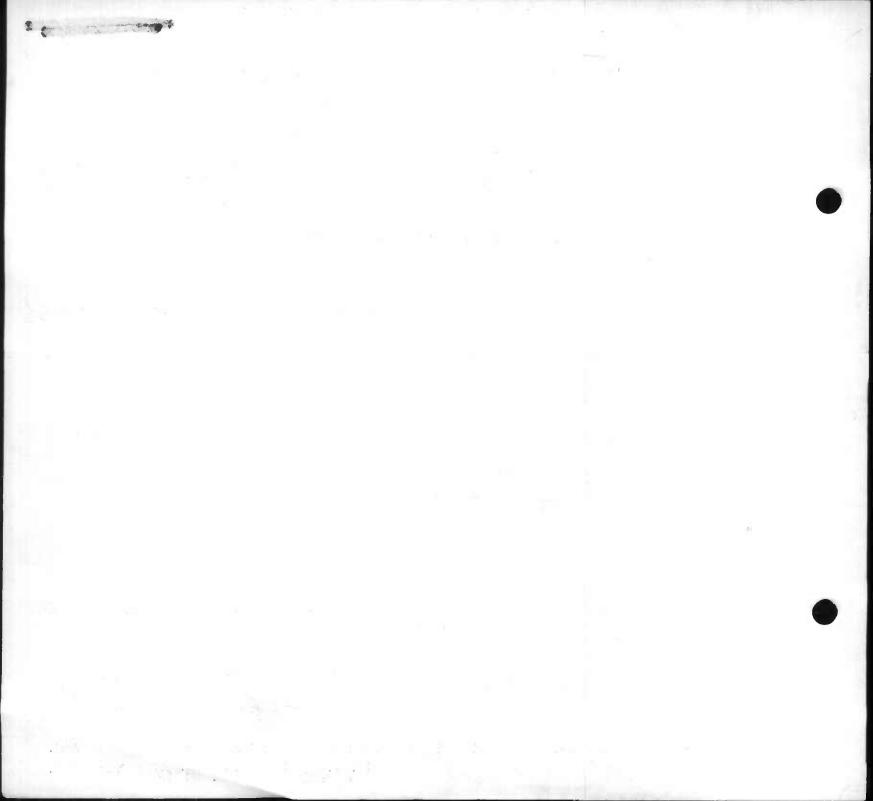
4. USUAL RESIDENCE (Whore deceased lived, If institution: residence B. COUNTY **E**0 William Stevenson H. death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **FULL NAME OF** HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 NOF YES X Baltimore prior 324 Radnor Ave. E. STREET AND NUMBER 324 Radnor Ave. is made. regular & DATE OF BIRTH 9. AGE (In years If Under 1 Ys. Months: Days if Under 24 Hrs. S. SEX 6. RACE 7- MARRIED NEVER MARRIED deceased Hours ! ost birthdoy M 7/1910 6/ DIVORCED WIDOWED 61 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition U.S.F.G. Gen.Services Admin. Baltimore, Md. done during most of working life, even if retired) = U.S.A. Mechanical Engineer Was 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME the Lena Peort William Stevenson death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wat or dates of service) 7. INFORMANT ADDRESS 6. SOCIAL or final SECURITY NO. attendance Same ) Mrs. Lvdia J. Stevenson No APPROXIMATE INTERVAL fracture of any CAUSE OF DEATH who pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: the chief medical examiner regular ANTECEDENT CAUSES (8) DUE TO, OR AS A CONSEQUENCE OF: (3) A the remains are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the E UNDERLYING CONDITION last physician Was by a medical OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), CERTIFICATION No physician Body 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A AUTOPSY? (Yes or No) the before 21B. PLACE OF INJURY (e.g., in or obout 21G. WHERE DID home, form, foctory, street, office bldg. INJURY OCCUR? leteJ (Il In Baltimore City, give exect location) OR CONTRIBUTING CAUSE OF of any nature; (2) where to the hospital MEDICAL DEATH Inotity medical examined be obtained 21 D. TIME OF INJURY (Month) (Day) (Year) (Houd 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (except w Not While be approved While At (APPROX) At Wark Work 22. I certify that (i) (this hospital) attended the deceased from death); that (i) (we) lost saw the deceased alive on, ond that in(my) (our) opinion death occurred on the date hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the bady ofter death. must the body was released accident 23A. SIGN AT URE 23B. DATE SIGNED certificate must Attending [ Med. Stoff Phys. deceased prior to Director written approval 8 23C. PHYSICIAN'S NAME (Type 23D. ADDRESS ŧ William P. Benson, Jr 3502 N. Calvert shows: (1) A was D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) shows: Burial 9/13
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR H. W. J. enkins 905 York Sons Co VS 150-REV. 1/1/68



IMPORTANT DIRECTOR: FUNERAL

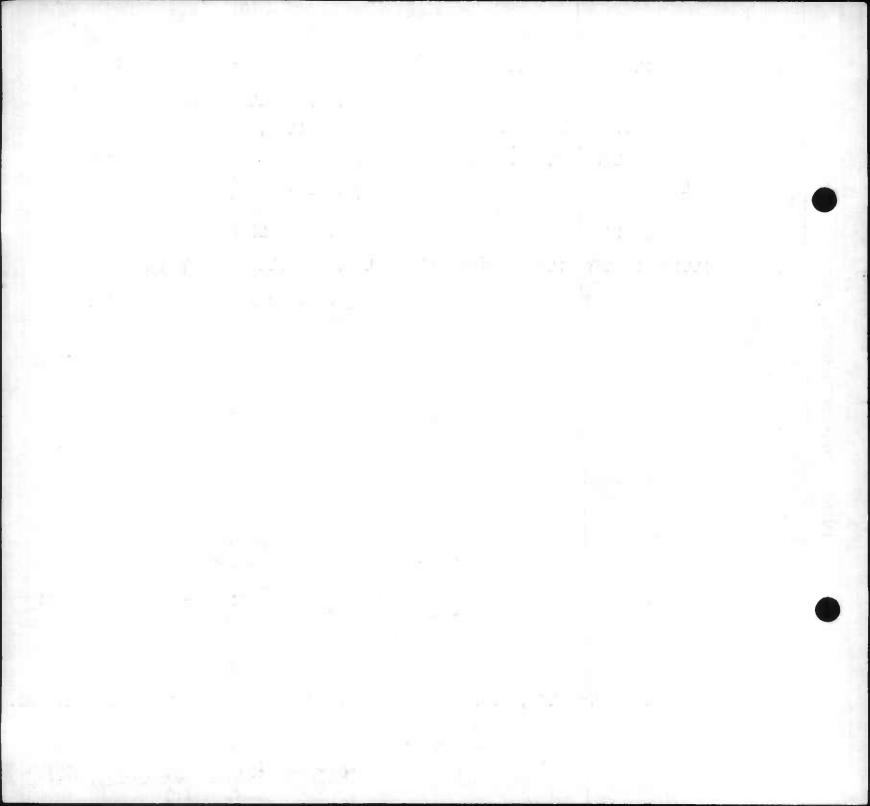
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH pital and of death (4) Undetermined cause; (5) Deceased Such BIRTH NO. I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Ou hospital 0 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE 8. COUNTY cause Maryla FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D attend CITY OR TOWN CHURCH HOME & HOSPITAL prior contributing E. STREET AND NUMBER occurred made regular 5. SEX MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years deceased Dale WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 2 done during most of working life, even if retired) repred-INSPECTOR -GENERAL MOTORS Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the ISABELLE osebh death 0 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. ance 01 3583 any pronounced 118. CAUSE OF DEATH attend DISEASE OR CONDITION DIRECTLY regular atter fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 2 the physician UNDERLYING CONDITION last remains chief medical Was any nature; (2) Body burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 0 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218, PLACE OF INJURY (e.g., in or obout 21 C, WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? the body was released to the hospital °Z MEDICAL DEATH (notify medical examined obtained 21 D. TIME (Month) (Doy) (Year) (Haud 21E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? OF INJURY approved (except Not While While (APPROX.) and At Work 22. I certify that (I) (this haspital) attended the deceased from pe that (i) (we) last saw the deceased alive an hospital An accident of death) must and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending [ prior to Director written approval Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS certificate to NAME (Type D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) deceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 9 - 15 - 71Druid Ridge Cemetery Pikesville Was SEP 18 177 04 25B. NAME OF REGISTRAR Baltimone, VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? YES V NO If Under 1 Yr. Months: Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact location) and that in (my) (aur) apinion death accurred an the date 23 B. DATE SIGNED (City, town, or county) (Stote) Md.

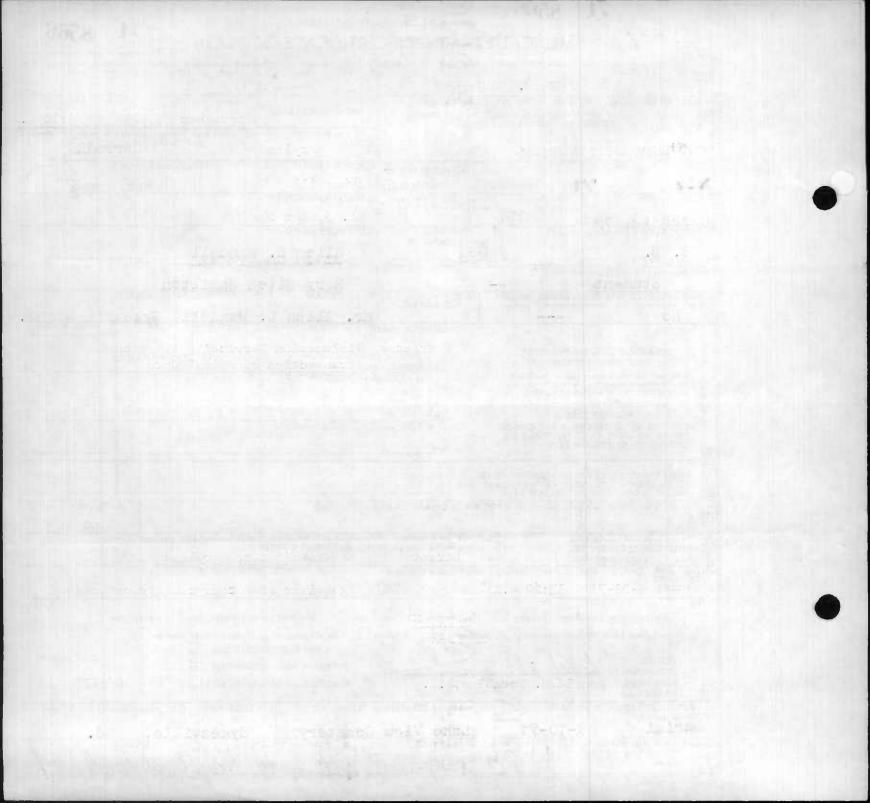


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	111 /	2.1				BALTIMORE CITY	HEALTH DEPARTMENT				
BI	RTH NO. 42	19	71	8565	5	CERTIFICA	TE OF DEATH	REG. NO.	71	8565	
1,1	NAME OF DEC					(11111)		AND HOUR OF DEATH	· -L	1 00	P
	W	LSON	1 200 1110	WILL	-	(NMN)		9-8-71		1:20	A.A.
FL	PLACE IN BAL JLL NAME OF OSPITAL OR					. GIVE STREET	A. STATE B. COL MD. CARRO	LL COUNTY	stitution	tesidence before d	idmission)
IN	STITUTION	ST.	AGNES	HOSP			SYKESVILLE	D. INSI	YES T	LIMITS?	
1	40	-	CATON		212	20	E. STREET AND NUMBER		TES [_		
			IMORE,		212		RT 3 BOX 46			21784	
11	MALE	6. RACE		WIDOW	ÆD 🗌	DIVORCED	11-23-23	9. AGE (In years last birthday)	Months	Doys Hours	er 24 Hrs. Min.
R	ET MECH	HANIC	even if retired)	KIND KIND	OF BUSII	NESS OR INDUSTRY	NORTH CARO	LINA	12. CIT	S A	COUNTRY?
11	ILLIE		EY WIL	.SON	DECE	ASED	LUCINDA WIL		DN		
{Ye	Was Deceased s, no ar unknown YES	Ever in U.	S. Armed Fo	rces? es of servic	ei s	OCIAL ECURITY NO. 300240	ST AGNES H	OSP 900 CA	TON	ADDRESS AVE.	
	18.4	017	l			CAUSE OF DEAT	1			APPROXIMATE IN	
	DISEA		TO DEATH				Cuclina	ie shock		011/	
	(This does t	not mean t	he mode of	dying,	L.G.,	DUE TO, OR AS	A CONSEQUENCE OF:	CE SHOCK		24 60	URS
	heart failure, injury at con	nplication w	hich caused	death.)	ise,	97				500 G 4	
			NT CAUSES			(B) Keee	et M. I.			indet	
	DISEASES C rise fo the UNDERLYING	e above	cause (A)				A CONSEQUENCE OF:			indet.	
NO	OTHER SIGNIF	ICANT CON	I DITIONS CO	NTRIBUTIN	IG						
¥	TO THE DEAT	ONDITION	GIVEN IN PAI	RT 1 (A).		***************************************					*******
CERTIFICATION	19A-DATE OF	OPERATION	WAS PER		R WHICH	OPERATION	20A. AUTOPSYT (Yes or )	IN CERTIFYING CAS	FINDINGS USES OF	CONSIDERED DEATH?	
CAL	21A. ACCIDER OR CONTRIBU DEATH Inchity	NT WAS UN UTING CA medical ex-	DERLYING [ USE OF omlned		218. PLAC! home, fam etc.)	E OF INJURY league in no factory, street, of	ar obout 21 C. WHERE DID	(II In Boltimore	e City, glv	re exact location)	
MEDI	21D.TIME OF INJURY (APPROX.)	(Manth) (	Day) (Year)	(Hour)	21E INJU	RY OCCURRED Not While	21F. HOW DID IN	LIURY OCCURT			
	111111111111111111111111111111111111111				Wark	At Work	IJ   7-28	71 0-8			71
	22. I certify that (1) (this hospital) attended the deceased from 7-28 19 71 to 9-8 19 71  that (1) (we) last saw the deceased alive an 9-8- 19 71 and that in (my) (our) opinion death occurred on the date										
	and hour one	d fram the	causes std	ted abave	. (1) (We)	(did) (flig flog) vi	lew the bady ofter death				
	23A. SIGNATURE  Law Control of Block of Block of Broken Director Phys. Stoff Of 18/7/										
	23C. PHYSICIA NAME (		STPHAL	EN, N	1. D.	D.C. GALEE	3D. ADDRESS	SP 900 CATO	I //	VE. BALT	. MD
24 4	BURIAL CRE	MATION, 12				DEGREE CEMETERY or CRE				or county)	(Stote)
254	BUTTOL.	SY HEALTH	9-11-1	7/ 0 258. NAM	Tale E 09 REG	Vein Men	PALL PALK	Sylasville		ADDRESS	1.
	SEP19	1971	Poste &	P. Fall	Ren De	8	Harry W.	Haight L	dur	ille, Ma	d.
VS	150-REV. 1/1/	68						- //			



BI	() -53 RTH NO.	9	MEDI	CAL	EXAMINER'	S CERTI	FIC	CATE OF	DEAT	H REG. NO.	1	8260
1.	NAME OF DEC		LLEN	M. W	ANDELL	2. DAT		Known 🔲	Month	Doy	Yeor	Hour
-	DI ACE IN RAI				NOUNCED DEAD	JEAT		Estimoted	Month	Day	Yeor	Hour
FU	LL NAME OF SPITAL INSTITUTION	(IF NOT IN		OR INSTITU	JTION, GIVE STREET	PRO	Nou	NCED DEAD	Septer	mber 8,1	.971	4:10 A <sub>M</sub>
OK	0	ERSITY H	ттфрон	ΔΤ.		A. STAT	2	Maryland	re deceosed l	B. COUNTY	Carr	before admission)
6.	SEX	7. RACE			NEVER MARRIED	XI C. CITY				ID. INSIDE C		
	ale	Whit		WIDOWE		C1		ville			res 🗌	No 🖾
	DATE OF BIRTH	lo lo	D. AGE (In ) ast birthday)		Under 1 Yr. If Under 24 onths; Days Haurs	MIn.		ND NUMBER , Box 80				
	BIRTHPLACE (S		country)		CITIZEN OF		HER'	NAME				
144	S. D.	PATION (Give ki	nd of work 14	B. KIND C	WHAT COUNTRY? USA F BUSINESS OR INDI	USTRY 15. MO	AI	Len L.	Wande	1.1		
dar	e during most of w	udent	if relired)				Ma	ry Elle		ilton		
16. (Ye	WAS DECEASI	(If yes, give wor	S. ARMED	FORCES?	17. SOCIAL SECURITY NO				t.I. a. A		DDRESS	177 - 163
-	No.	7.47			CAUSE OF		A	llen L.	Wand	err 2		PPROXIMATE INTERVAL
	7-0	I E OR CONDITIE	ON DIRECT	rı v			s10	cation C	ervica	1 Spine		WEEN ONSET AND DEATH
		LEADING TO D	EATH		(A)IMMEDI	IATE CAUSE TI	ran	section		-		
	(This does not heart follure, injury or con	of meon the mo asthenio, etc. It aplication which o	ade of dyln means the c coused deot	g, e.g., disease, h.)	DUE TO	OR AS A CON	SEQI	JENCE OF:				
2	DISEASES O	OR CONDITION ABOVE CAUSI IG CONDITION	S, IF ANY,	GIVING NG THE	(B)	OR AS A CO	NSEG	QUENCE OF:				
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	IFICANT CONDI ATH BUT NOT RE CONDITION GE	ELATED TO T	HE TERMIN	IG AL							
CERT	20A. DATE OF	OPERATION	208. CON	DITION FO	OR WHICH OPERATIO	N WAS PERF	ORM	ED			21. AUT	no
K		NAL CAUSE W		22	B. PLACE OF INJURY me, farm, factory, street	(e.g., In or obo	ut 2:	C. WHERE DID	(If In Baltim	ore City, give e	ract location)	
MEDI	UTING CA	SOR CONTR	1.		Street	A de	W	estminst	er, Ma:		5	600
	22D. TIME OF INJURY (APPROX.) {	(Manth) (Day 3-31-71	(Year) 12:2		22E.INJURY OCCUR	NOT WHILE		river of			ruck t	ree
	23.	Ify that I held	d on In-		Inspection 🗓		]	and that on	this basis	, death In my	opinion	
		ed from: Not			Accident X S			micide 🗌			112	
	ACTUAL		1.1	11/	111			HIEF MEDICAL				DATE SIGNED
	SIGNATI	er's Rona	ald N.	Korn	blum, M.D.	-MLD.		CIATE MEDICAL			9/8	3/71
24	A. BURIAL CRE	MATION, 248	. DATE		24C. NAME of CEME	TERY or CREN	AATO	RY 240	. LOCATIO	V (City, tow	vn, or county	(State)
	Burial	9	-10-		Lake Vi					sville		d.
	SEP	13 1971	Parte.		ME OF REGISTRAR	2	SC. F	DEVY Y	1 Ha	ight ,	ADDRESS Lyllau	the, md.
VS	151-REV. 3/1/61	1 / /	200	6-11				1		1	//	



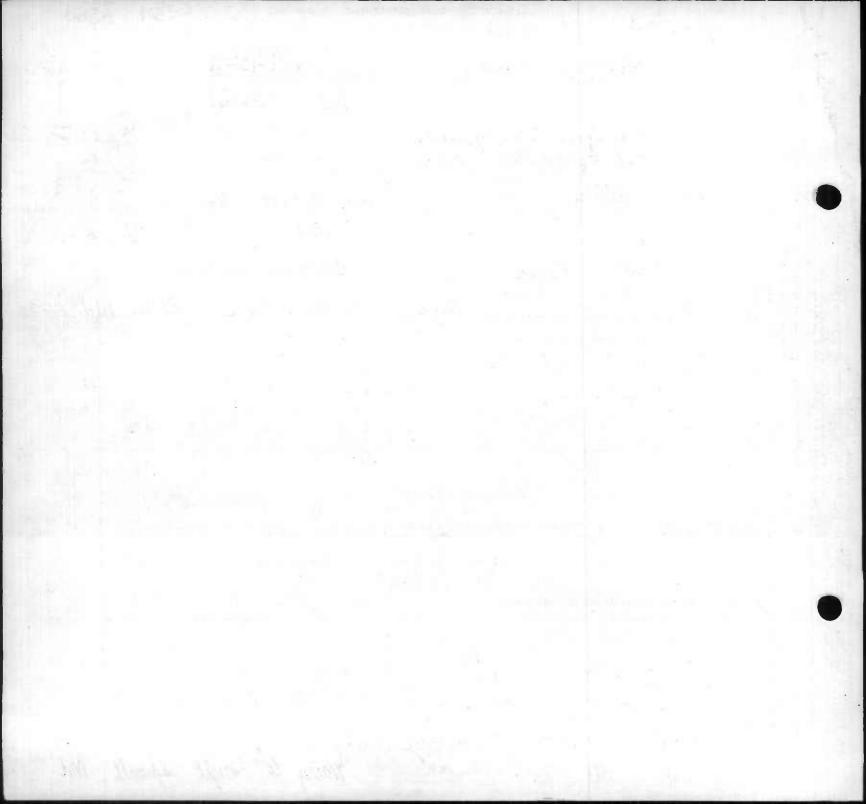
	D-620 71 85	h/	HEALTH DEPARTMENT	REG. NO.	174 05017			
	IRTH NO.	CERTIFICA			11 8367			
	ype ar Printl George E.	Dorsey	9-1		1:06 AM			
3	PLACE IN BALTIMORE, MARYLAND, WHER	PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	nstitution: residence before admission			
1111	ULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	DR INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	CALTO	5300			
- 11"	4381011014		Baltimore	D. INS	YES NO X			
	The Johns Hopkins	Hospi tol	E. STREET AND NUMBER		163 11 110 120			
			4118 Essex	Road				
15	Mala Carra	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. OATE OF BIRTH 3/04/20	9. AGE (In years lost birthdoy) 51	if Under 1 Yr. If Under 24 Hrs. Months Oays Hours Min.			
10	A. USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?			
		Building	Md.		U.S.A.			
13	FATHER'S NAME	7	14. MOTHER'S MAIDEN NA	ME	0.2171			
	George F. Dorsey		Edith Gi	11				
1.5 (Y	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor at dates of	servicel 16. SOCIAL SECURITY NO.	17. INFORMANT		AOORESS			
	Yes (1) 11) IF	220 00 0617	Hospital Pa	cords				
	18.	CAUSE OF DEATH		(01-01)	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECT	LY	0	100	BETWEEN ONSET AND GEATH			
	LEADING TO DEATH (This does not mean the made of dying	(A) IMMEDIATE CAU		DRY ARR	esl			
$\parallel$	heart failure, asthenia, etc. It means the injury or camplication which caused dea	disease,	CONSEQUENCE OF:					
	ANTECEDENT CAUSES	BPAIN	Turnor (Gli	BAST omA				
	DISEASES OR CONDITIONS, if any,		A CONSEQUENCE OF:	3 (AMSI OTMIT)	***************************************			
	rise to the above cause (A) state UNDERLYING CONDITION last.	(C)						
	Ш	(-)						
I OIL	OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE TE	BUTING						
	DISEASE OR CONDITION GIVEN IN PART 1 /	4).						
ERTIFIC	19A. OATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	NO	IN CERTIFYING CA	INDINGS CONSIDERED USES OF DEATH?			
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, off etc.)	or obout 21 C. WHERE OLO	(If In Boltimor	e City, give exoct lacation)			
MEDI	210-TIME (Month) (Day) (Year) (He OF INJURY		21F. HOW OLD INJ	URY OCCUR?				
<	(APPROXI	While At Not While						
	22. I certify that ( (this hospital) attended the deceased from							
Н	and haur and from the couses stoted above. (1) (Me) (did not) view the body after death.							
23A. SIGNATURE  23B. OATE SIGNEO								
	23C. PHYSICIANS  Aftending Med. Director Phys. Director Phys. Director Phys. Director Phys. Director Director Phys. Director Director Director Phys. Director Directo							
	NAME (Type) M. HORAN	M.D.	Others Hon	elina Ho	poitel			
24	A. BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY OF CRE		OCATION (Cit	y, town, or county! (State)			
	Burial 9-13-71	Lake Vin Com	Tires	lesterville	Ynd.			
25	ACC A ACCORD 1 / 1 / A A I/O	NAME OF REGISTRAR	25C. FUNERAL OFFECTOR	Chief !	ADDRESS A			
VS	150-REV. 1/1/68		1 Havy Tu.	raight sy	naemue, Mil			

#### IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH and of death (5) Deceased Such 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) -10 LO hospital 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE BAlto. cause FULL NAME OF HOSPITAL OR INSTITUTION , (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? canse; attend 0 0 CAtonsville YES X NO prior E. STREET AND NUMBER contributing occurred Undetermined disposition is made regular 9. AGE (In years If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months Doys deceased Hours lost birthday) WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death done during most of working life, even if retired) NONE SID 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 4 eath 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes.no or unknown) (If yes, give wor or dates of service) ADDRESS 7. INFORMANT 6. SOCIAL final SECURITY NO. attendance None any CAUSE OF DEATH pronounced or 18. BETWEEN ONSET AND DEATH OC JA DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, examiner gular xaminer. injury or complication which caused death.) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF 9 are DISEASES OR CONDITIONS, if ony, rise to the above cause (A) sloting the physician UNDERLYING CONDITION last, remains medical edical **MOS** 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the chief 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) the 3 where OR CONTRIBUTING CAUSE OF the hospital ŝ MEDICAL DEATH (notify medical examiner) nature; by obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED (9) pup Not While approved (except While At (APPROX.) Work Al Work any 22. I certify that (I) (this haspital) attended the deceased fram 197 and that in(my) (aur) apinian death accurred an the date that (I) (we) last saw the deceased alive an 0 pe hospital eath) 0 and hour and from the couses stated abave. (1) (We) (did) (did nat) view the bady after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED T Attending Phys. Med. 0 Director approval O 23C. PHYSICIAN'S 23D. ADDRESS prior MOS to NAME (Type) VON 7535 M Ance d DEGREE 24A. SURIAL CREMATION, 248. DATE CEMETERY OF CREMATORY 24D. LOCATION deceased the body 0.0 REMOVAL (Specify) written shows: 1258. NAME OF REGISTRAL SD M 25CAFUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68

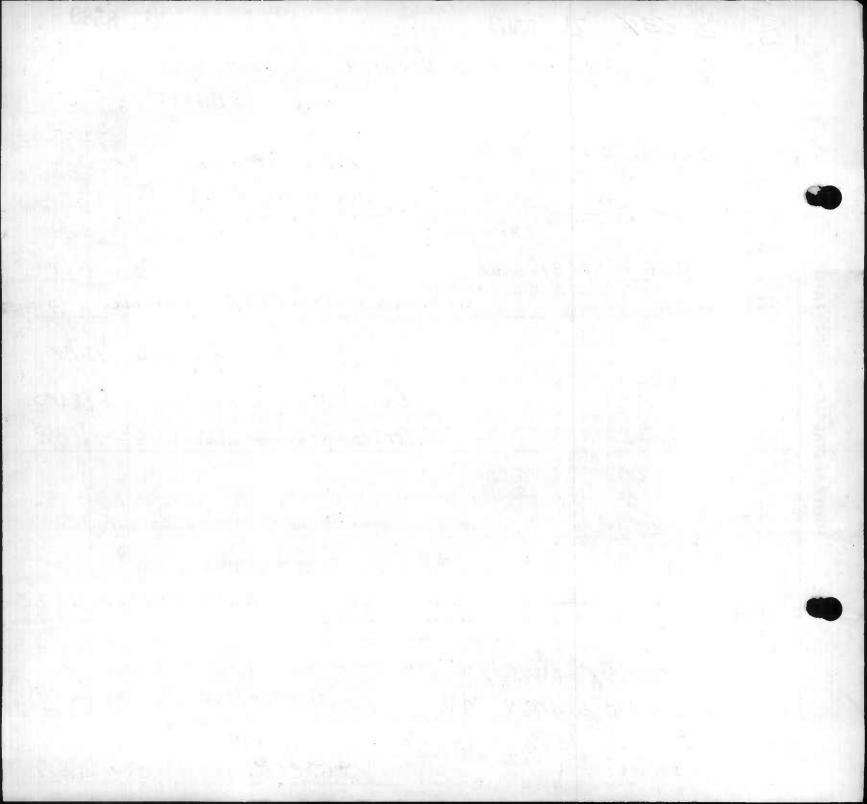
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(Stote)



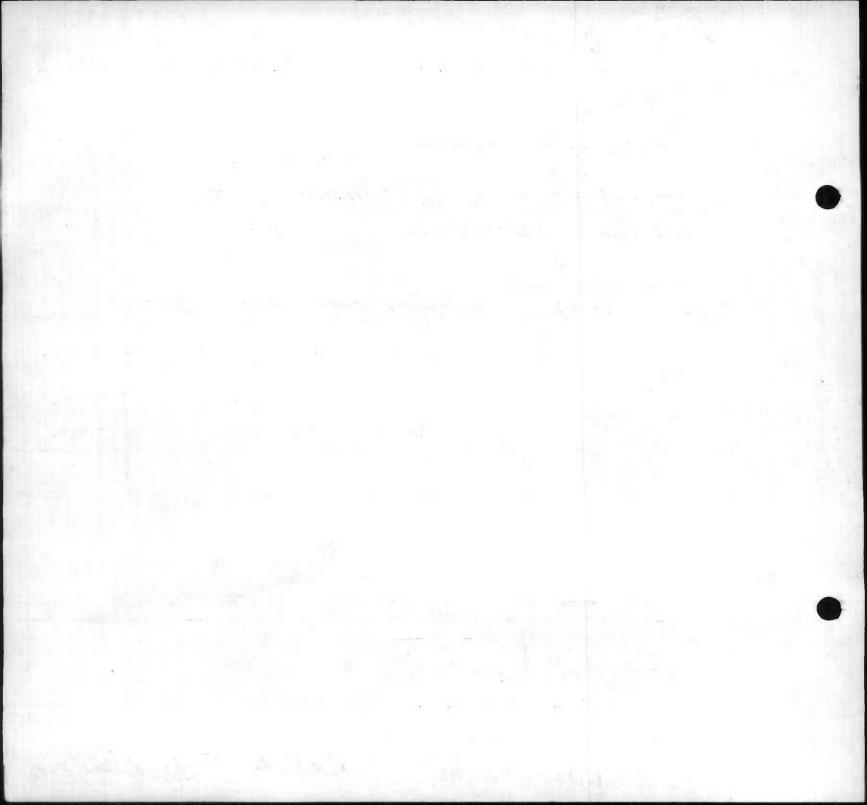
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
This ce	the bo	shows	was D	decea	writte

0 /	BALTIMORE CITY	HEALTH DEPARTMENT	714	0269
5-534 71 8569	CERTIFICAT	TE OF DEATH	X REG. NO. 71	8300
BIRTH NO.			HOUR OF DEATH	
(Type or Print) JAMES H. S	SCHINDL	ER SE	PT. 4 1971	Μ.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (Where A. STATE 8. COUNT)	deceased lived. If institutio	n: residence befare odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	, GIVE STREET	Mh	BALTO	5300
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D. INSIDE CIT	Υ LIMΠS?
31.		EAST POINT	YES	□ NO □
BALTO. CITY HOSP	-	7953 EA	STAME	n d
S. SEX 6. RACE 7. MARRIED NE	VED MADDIED T			nder 1 Yr., If Under 24 Hrs.
M WIDOWED T		APR. 16. 1910 10	st birthday) Mont	ths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSII		1. BIRTHPLACE State or foreign		CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	) _	MD		USA
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	E	
HUGO SCHINDLER			<	CHERTLE
15. Was Deceased Ever in U. S. Armed Forces? 16. S	OCIAL I	7. INFORMANT		ADDRESS
	3-01-2217	ELIZA BET	TH SCHINA	SLER A BOW
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1 +1	+ 0 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A)IMMEDIATE CAUS	E ACUTE HEAT	1 tallure	1211
hearl failure, asthenio, etc. It means the disease,				
injury ar camplication which caused death,)  ANTECEDENT CAUSES	600	ronary Th	vam horse	L. VORFS
DISEASES OR CONDITIONS, if any, giving	(8)	CONSEQUENCE OF:	clead win	0/2010
rise to the above cause (A) stating the	Actori	osclerotic	healt disa	so LYCATS
UNDERLYING CONDITION last.	(c) - f-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	o state of the	MENN GVI	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FINDIN	IGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLAC	F OF INTURY (e.g. in	or obout 21 C. WHERE DID	(If in Soltimore City,	-luc -uc-4 (4t)
	n, foctory, street, offi	ce bldg., INJURY OCCUR?	(it in commore City,	give exect locotion)
2	RY OCCURRED	21F. HOW DID INJU	BY OCCUP?	
OF INJURY (APPROX.) While AI	Not While		KT GCCGK.	
VVork	At Work	1)/\/	15 8017	111111
22. 1 certify that (1) (this haspital) attended the de		7 (2 7 )	62 to 261	4 19 7/19
that (1) (we) last saw the deceased alive on			In(my) (our) opinion o	leoth occurred on the dote
and hour ond from the causes stoted obave. (1) (We	) (did) (dld not) vi	ew the body ofter deoth.	228 1	DATE SIGNED
Wand H MILADIAN	- UN Atten		haff	DATE STOTES
23C. PHYSICIAN'S	DEGREE Phys.	Director P	hys. 🗀 🥠	- 11
David H. Androw M	D .	220 STONEY RUN	Lane Bali	Timore, Mg
24A. BURIAL CREMATION, 24B. DATE 24C. NAME o	T CEMETERY OF CREA		CATION (City, tow	rn, or county) (Stote)
REMOVAL (Specify) 9/0/	K LAW I		ALTO. MD	
	GISTRAR	25C FUNERAL DIRECTOR	ILIC. MD	ADDRESS
SEP 13 BIN UABOUT E. Names, Part	1		ELLY 3	DOMACE
				7-617

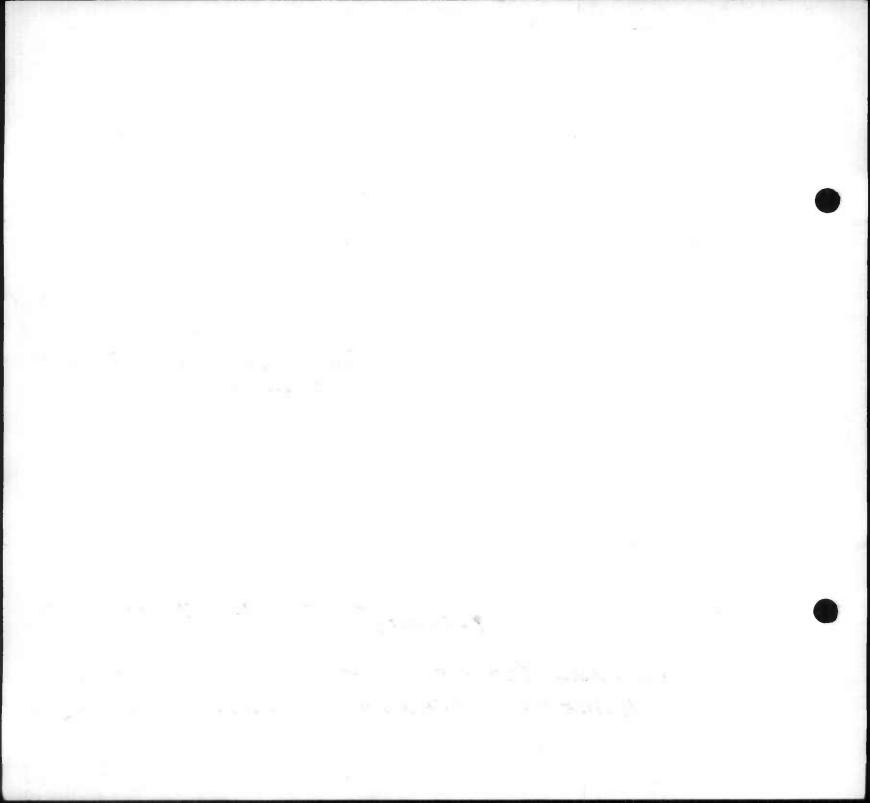


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1 - 11	BALTIMORE CITY	HEALTH DEPARTMENT	ung &	0.000			
1)-346	CERTIFICA	TE OF DEATH	REG. NO.	30.0			
BIRTH NO.			D HOUR OF DEATH				
T, NAME OF DECEASED ROBER T	BUTLE		T10, 1971	16:30 h			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceased lived. If institutio	n: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN  D. INSIDE CITY LIMITS?					
		BALTO, YES NO					
AADLEIGH NURSING HOME		E. STREET AND NUMBER  3516 POOLE ST					
S. SEX 6. RACE 7. MARRIED N	SEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.					
MACE CAUC. WIDOWED	DIVORCED	7/3/1900	71	ths Doys Hours Min.			
done during most of working life, even if retired)  FORGMAN  BETH, STEEC		11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE _				
?		?					
	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	6-10-1806	ETHEL A, HOOV	on GAM	E)			
18.	CAUSE OF DEAT	H		APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH	(A) IMMEDIATE CAL	Arterioscle					
(This daes not meon the made al dying, e.g., hearl failure, asthenia, etc. Il means the discose, injury ar complication which coused death.)	(This does not meen the made al dying, e.g., heat failure, ashenia, etc. It means the disease, injury at complication which coursed death)						
ANTECEDENT CAUSES				3 yrs.			
DISEASES OR CONDITIONS, if ony, giving							
		c brain syndr	3 yrs.				
11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
DISEASE OR CONDITION GIVEN IN PART 1 (A).	H OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED					
WAS PERFORMED		No	IN CERTIFYING CAUSES	OF DEATH?			
I O 21A. ACCIDENT WAS UNDERLYING   21B. PLA	CE OF INJURY (e.g., i orm, factory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City,	give exoct locotion)			
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJ	URY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?				
(APPROX.) While A	Not While						
WORK AT WORK							
22. I certify that (I) (this-hospital) attended the deceased from Sanuary 19 70 to September 10 19 that (I) (we) lost sow the deceased alive on August 29, 1971 and that In(my) (our) opinion deoth occurred an tond from the courses stated prove. (I) (We) (did) (did not) view the body after deoth.							
							23A. SIGNATURE
thought a 1 and	18700	ending Med.	Staff Se	pt. 10, 1971			
23C. PHYSICIAN'S 23D. ADDRESS							
Lloyd E. Saylor	NAME (Type)						
24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, town, or county) (Stote)							
REMOVAL (Specily)  RURIAL (Specily)  RURIAL (Specily)  RURIAL (Specily)							
poolitive design							
25A, DATE REC'D BY HEALTH DEPT.	EGISTRAR	250 FUNERAL DIRECTOR	and 32	ADDRN'S			
VS 150=RV. 1478 1871 Page 4 E. Jackson	MA	bout c. o.	36170	www. A. ce.			

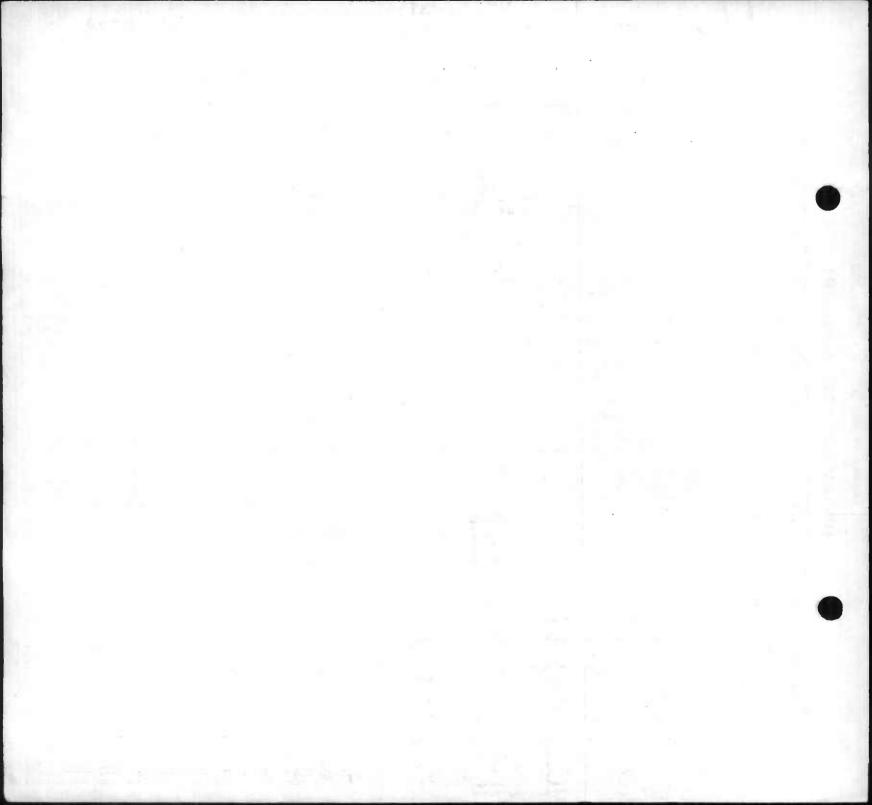


<	2 a 71 of	BALTIMORE CITY	HEALTH DEPARTMENT				
	)-15-2 /1 8571	CERTIFICA	TE OF DEATH	REG. NO	71 8571		
	TH NO.			D HOUR OF DEATH	(3.77		
(Ту	pe or Print)	3. Spencer	, 9/	9/71	1 45		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)  A. STATE  B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?		
20			Baltimore		YES NO		
MARKIED THE ACK MAKKIED			2057 Arinnalds - are				
				ost birthdoyl	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	. USUAL OCCUPATION (Give kind of work 108, KIN e during most of working life, even if retired)		11. MRTHPLACE (Stole or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?		
Gon	Leamstress Cl	othing 60.	W. Virgi	nia	W. S. A.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
15.	Sery 6 vans Tos Deceasal Ever in U. S. Armed Forces?	1 6. SOCIAL	Elizabel 17. INFORMANT)	vn .'	ADDRESS /		
(Ye	os Deceased Ever in U. S. Armed Forces? ,no or unknown! (II yes, give wor or dates of serv	SECURITY NO.	man land	at Il.	abore		
	18.	CAUSE OF DEAT	H Stever	11. Signe	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the disc injury or camplication which caused death,)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	pomere	A C		
	ANTECEDENT CAUSES	· · · ·	7 1				
	DISEASES OR CONDITIONS, iI any, giving DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the abave cause (A) stoling UNDERLYING CONDITION lost.	(C)	***************************************				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					***************************************		
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION 19 WAS PERFORMED	20A. AUTOPSY? (Yes or No.)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID injury OCCUR?	(II In Soltimo	re City, give exoct location)		
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
=	Work At Work						
	22. I certify that (1) (this hospital) ottended the deceased from 2-15-1971 to 9-9-1971 that (1) (we) lost sow the deceased alive on 9-1971 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
3	23A. SIGNATURE 23B. DATE SIGNED						
	Muldow Er. M. D. Attending Med. Stoff Director Phys. 9-10-1971						
23C. PHYSICIAN'S NAME (Type)  1/11REDDIN ERKIND 9(126 Worshing for Plud, Roll us							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stole)							
254	Dunial 9/13/71 Dlas Hover Colun. a Dlan Kurme Ma.						
	SEP 13 1971 Robert E. Jaker, M. C. P. 125G. EUNERAL DIRECTOR. 25G. EUNERAL DIRECTOR. ADDRESS / Jaker M. J. Jaker J. Jake						
*VS	150-REV. 1/1/68		-				

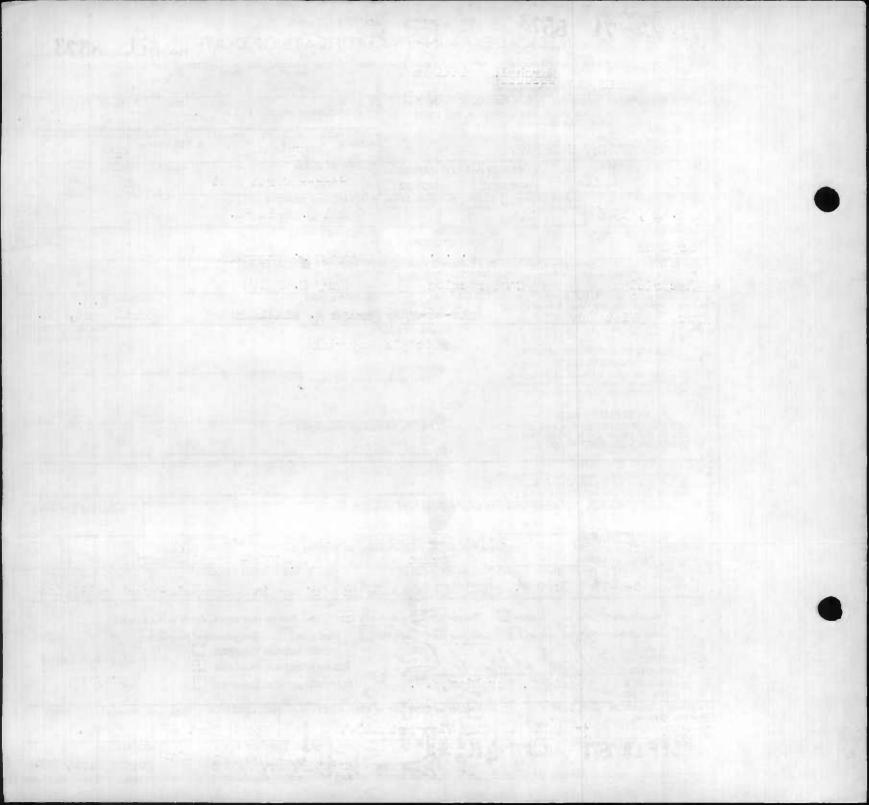


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M-62471 OETO CEPTIFICA	Y HEALTH DEPARTMENT					
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. /1 8572					
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
John T. Marshall, Jr.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased fived, if institutions residence before admission)					
3. PLACE IN BALLIMORE MARILAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY					
FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	Maryland Somer set  C. CITY OR TOWN  TYLERION  E. STREET AND NUMBER  Somer set  P. INSIDE CITY LIMITS?  YES NO					
SOUTH BALTIMORE SENERAL						
Hospital						
	Smith Island					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	2-8-03  9. AGE (In years Months Days Hours Min.					
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI						
Waterman Seafood	Ma U.S.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
John Thomas Marshall	MANIE YLER					
15. Was Decessed Ever in U. S. Armed Forces? (Yos, no or unknown) (if yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
No 218-12-1540-	+ I.V. MARRI, M.S. HOSPITAL					
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	LUSE GENERALIZED METASTASIS					
(This does not mean the mode of dying, e.g.,	A CONSEQUENCE OF:					
heart tailure, aethenia, etc. It means the disease,						
ANTECEDENT CAUSES CARE	MOMA Rt KidWEV					
DISEASES OR CONDITIONS, If any, giving (E) DUE TO, OR A	NOMA RE Kid WEY SACONSEQUENCE OF:					
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A), U197A. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION	20A-AUTOPSTY (Vos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
WAS PERFORMED CARELDONA Rt King	IN CERTIFYING CAUSES OF DEATH?					
I U 121A. A CCIDENT WAS UNDERLYING [7] 1218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (II In Boltimore City, give exact location) office bidg. INJURY OCCUR?					
O 21D-TIME (Month) [Day) (Year) [Hour 21E INJURT OCCURRED	21F. HOW DID INJURT OCCUR?					
While At Not Wh	ال مان					
22. I certify that (47) (this hospital) attended the deceased from	(5-) 197/ 10 9-9 19 )/					
that (1) (we) lost saw the deceased alive on 9 9	19 71 ond that In(my) Low opinion death occurred on the date					
ond hour and from the chuses stated obove. (1) (We) (did) (did not) view the body after deoth.						
23A. SIGNATURE /, 23B. DATE SIGNED						
May Attending Med. Stuff Phys. 9-9171						
23C-PHYSICIAN'S NAME (Type)	23D. ADDRESS					
JULIO V. MAGRI M.D. DEGRE	South BALTIMORE GENERAL HOSPITA					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Sto						
Burial 9/12/1971 Tylerton Cemete						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS  Oningial Address  Oningial Address					
SEP 13 1971 Robert Jake Ha	Bradsham & Sons - Crisfield, Maryland					



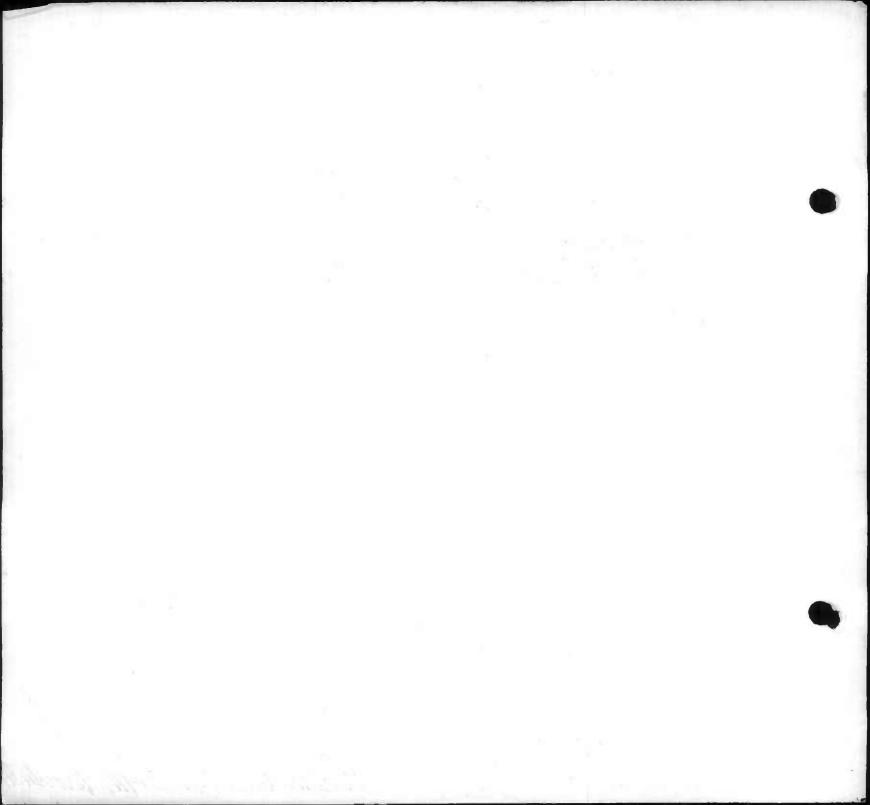
W-45	271 85 ME	73. DICAL	BALTIMORE CITY HE EXAMINER'S			DEATH	'71	0593	
BIRTH NO.						R	G. NO.	23/0	
I. NAME OF DEC (Type or Print)	RICHARD WI	arshall	Williams	2. DATE OF		Month	Day	Year Hnur	
4. PLACE IN BALT	TIMORE, MARYLAND,		DNOUNCED DEAD	DEATH 3. DATE	Estimoted	Month	Dov	Yeor Hour	M
FULL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTI	TUTION, GIVE STREET	PRONOU	NCED DEAD SE	eptember	8,197	1 12:3	M
OR INSTITUTION	VERSITY HOSE	TTAL		S. USUAL RE A. STATE	SIDENCE (Where d Maryland		YTMUC	sidence before admits	slan)
6. SEX	7. RACE		ED NEVER MARRIED	C. CITY OR		ID. II	NSIDE CITY	LIMITS?	16/
Male	White	WIDOW	_	Elkt	on North	East	YES	Mo □	
9. DATE OF BIRTH	1 10.AGE		# Under ! Yr. il Under 24 Hrs. Nonths   Days   Hours   Min.		ND NUMBER		155	_ NO _	
Sept. 10,	1946 lost birtho	24	Months Days Friedrs   Min.	801	S. Main S.	t.			
	tate or foreign country)	1	2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME		- 1 8		
Maryland			U.S.A.	Ralp	h A. Willi				
done during most of w	PATION (Give kind of wor orking life, even if retired	148. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NAME			- 100	
Electric			truction		y M. Hall				
(Yes, no of unknown)	D EVER IN U.S. ARMI (If yes, give wor or dote	of service)	SECURITY NO.	18. INFORM			ADDI	71.77	
Ves No.	Viet Nam		218-46-2786		A. William	S	Nor	th East, M	
17.	1212		CAUSE OF DEA					SETWEEN ONSET A	
	OR CONDITION DIR	ECTLY	Multiple	Injurie	es				
4.	LEADING TO DEATH	lutan An	(A) IMMEDIATE C						
heart failure,	osthenia, etc. it means to	e disease.	DUE TO, OR A	IS A CONSEQU	ENCE OF:				
	production willed cooled a	,							
	ITECEDENT CAUSES		(B)						
I RISE TO THE	R CONDITIONS, IF AN	ATING THE	DUE 10, OR	AS A CONSEQ	UENCE OF:				
ZUNDERLYIN	G CONDITION LAST.		(c)						
E	II								
U TO THE DEA	IFICANT CONDITIONS ( TH BUT NOT RELATED T	O THE TERMIN	NG IAL						
DISEASE OR	CONDITION GIVEN IN		OR WHICH OPERATION WA						
O DAIL OF	OFERRION 20B. CC	MUNICIA	OR WHICH OPERATION WA	S PERFORME	.U		21	yes	r No)
ZZA. EXTERN	NAL CAUSE WAS	12	OR DI ACE OF INITIDY/A	la as should 22	C WHERE DID AL	a to live a constant		•	
O HAIDEDWANG	MOR CONTRIB-	h	28. PLACE OF INJURY (e.g., ome, form, factory, street, office	bldg., elc.) IN					20
	JSE OF DEATH. Month) (Day) (Ye	ar) (Hour)	Street 22E.INJURY OCCURRED	22	Rte 222 -	- Cecil	County	516	10
OF INJURY		0 P.	WHILE AT NOT	Sander			1 a trans	ale as litera	
23.		n	NORK LATW	ORK X I	river in i	notorcyc	re-tru	ck collisi	on
I certi	fy that I held on	Inquiry 🔲	Inspection Au	topsy 🔀	and that on this	basis, death	in my op	inion	
resulte	ed from: Natyral ca	uses 🗌	Accident X Suicid		Parties of the last of the las	determined m			
		021	7 /		HIEF MEDICAL EXA		dilliet		
ACTUAL	no Aled	UL	1.11	ACCIC	ANT MEDICAL EXA			DATE SIGN	IED
SIGNATU EXAMINE NAME (Ty	R's Ronald	l N. Ko	rnblum, M. D.		CIATE MEDICAL EXA			9/8/71	
24A, BURIAL CREM	ATION. 248 DATE		24C. NAME of CEMETERY	or CREMATOR	Y 24D. LO	CATION (	City, Iown, or	county) (State	e)
REMOVAL (Specify Burial	97 9/	11/71	Bay View Meth	odist	Nor	th East		Md.	
25A. DASEP1	13 1971 PT OL	25BENA	NE OF REGISTRAR		INSPAL DIRECTOR		ADDR	RESS	MA
VS 161 BSW 212	_/	7	/ 1011	) Jaren	c Funeral.	nome	11/01	rth East, l	MCL •
VS 151-REV. 1/1/68	11 8 6	10							



IMPORTANT

FUNERAL DIRECTOR:

M 2 - 2 74 0 = 4	BALTIMORE CITY	HEALTH DEPARTMENT	1-1.	A make t
BIRTH NO. 8574	CERTIFICA	TE OF DEATH	REG. NO.	1. 8574
1. NAME OF DECEASED (Type or Print) El Nona Ma	120	2, DATE AN	D HOUR OF DEATH	. 100 A
	UNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. Il institu	ution: residence belore admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT HOSPITAL OR ADDRESS OR LOCATION)	UTION, GIVE STREET	A. STATE B. COUN C. CITY OR TOWN	CITY	/ 70 / CITY LIMITS?
HAMARY (Da Q Qe	neise.	City	Y	ES NO
5. SEX 16. RACE 17. MARRIED	2	E. STREET AND NUMBER	essien	St. 2120/
F B WIDOWED		818 32	ost birthdoy)	Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND Of done during most of working life, even if relired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorein	gn countryl 1	2. CITIZEN OF WHAT COUNTRY?
Wash Oliver		14. MOTHER'S MAIDEN NAM	mith	
15. Was Daceasad Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar doles of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANI	7	ADDRESS
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	V	Lungham	- de ma	1
This does not mean the made of dying, e.g., hoort failure, asthenia, atc. It means the disease,	(A) IMMEDIATE CAU DUE TO, OR AS	CONSEQUENCE OF:	a sypie -	ner
injury or camplication which coused death.)		ace	ermeneo	
DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:	**********	
rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	(c)			
O THE DEATH BUT NOT RELATED TO THE TERMINAL	\\/ /**********************************			
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1 121B.	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20R IF YES, WERE FINE IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
IOP CONTRIBUTING CI CAUSE OF	e, form, factory, stract, of	or obout 21C. WHERE DID ice bldg., INJURY OCCUR?	(iš in Boltimore Ci	ly, give exact lacotton)
S OF INJURY	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
TAPPROX.)	rk L At Work			0/~
22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive on	he deceosed from		to	<b>(7)</b> 19
and hour and from the couses stated above.	)(We) (q(d))(d(d = 200) =1		t in(my) (our) apinior	a death occurred an the date
23A. SIGNATURE			231	L DATE SIGNED
Ley (Sam	CLUCK DEGREE Phys.	Director L. F	hys.	918171
23C. PHYSICIAN'S	2 DEGREE	3D. ADDRESS	1 Revens	/Hospital
BURIOL 9/13/7/ 9/1	AME of CEMETERY AF CRE	MATORY 124D. LO	CATION (City,	wh of complete (Stotel
SEP 1 9 1971 P.R. & C. Ja. R.	F REGISTRAR	25C. TONERAL DIRECTOR	under Allen	2 ADDRESS
VS 150-REV. 1/1/68	W. ACD.	XVIAAIIMMS (A	valle terrice	17/1- schrouns



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	174	O PERM
EG. NO.	/ Ł	857

	11 /// = /// / / / / / /	HEALTH DEPARTMENT
seth the the		TE OF DEATH REG. NO. 85/3
O B S	(Type or Print)	2. DATE AND HOUR OF DEATH
F o c d	WILLIAMS, DORA	Sep 10,1991 8.00 Am
g 00 e b	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived, If institution: residence before admission A. STATE B. COUNTY
de de	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN  D. INSIDE CITY LIMITS?
Se;	00100	11 11 12 1 10 10 10
in grand and a second a second and a second	BALTIMORE CITY HOSPitals	BALTIMORE YES NO
ed c	BALTIMORE, MD. 21224	E. STREET AND NUMBER 308 DAMON STA 1940 Eastern Avenue, Baltimore City Hospitals
52550	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un years   If Under 1 Yr., If Under 24 Hrs.
ntr nntr rmi egu	Jemale / egro   WIDOWED   DIVORCED	0//7/// 20//
co ete	IOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, gvgn if jetijed)	
or c Indet s in dec	NONE	South carolina U.S.A.
if d ect Way the pos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dis	JAMBS PEOPLES	NELLY HAMLIN
ind ind eat eat	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
the definition of the first	- 2/3 26 (863	Records:BCH-4940 Eastern Avenue 21224
in in it	18. CAUSE OF DEATH	APPROXIMATE INTERVAL
so, of of or ten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tensin carchio vayon an dixon BETWEEN ONSET AND DEATH
Para	(This does not mean the made of dying en (A)IMMEDIATE CAU	SE On USTIVE REAL FAILUR // 9/1.
er. ctu pro pro lar ba	heori loilure, osihenio, etc. il meons the diseose,	
fra o o o o o o o o o o o o o o o o o o o	ANTECEDENT CAUSES	house kular oresident
Wh A e	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
3 (3) e e	rise to the above couse (A) stating the UNDERLYING CONDITION lost.	viscleron
rica ns; icia ain	11	
odio odio nysi w r	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING E. TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
P P P P P P P P P P P P P P P P P P P	SISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
Bod Bod the the the	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY7 (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes Yes
he ch by (2) Bo re th phys fore i	TOR CONTRACTOR OF THE PARTY OF	of about 2) C. WHERE DID
he	OR CONTRIBUTING CAUSE OF home, form, foctory, street, offi etc.  DEATH (notify medical examines)  21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	ce bidg., INJURY OCCUR?
pt writer (6) ured		21F. HOW DID INJURY OCCUR?
3002	(APPROX.) While At Not While At Work	
the any (exc	22. I certify that (I) (this hospital) attended the deceased from	7-20- 19 66 to 9-10- 19 71
	that (1) (we) lost saw the deceased alive on 9-10-	19 71 ond that In(my) (aur) opinion death occurred on the date
	and hour and from the causes stated above. (1) (We) (did) (did not) vi	ew the body after deoth.
ased dent ospit deat must	23A. SIGNATURE	23B, DATE SIGNED
2 9 E A	Swot & lese M. Atten	
An a An a prior	23 C. PHYSICIAN'S SURAT SINASA 23	BD. ADDRESS 4940 Eastern Avenue 21224
	JOKHI OINITH IN D	BALTIMORE CITY HOSP. BAL, MD.
L - U 0 _	246. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREA	MATORY 24D. LOCATION (City, lown) or county! (Stotel
This cer the bod shows: was D.C decease	25A, DATÉ REC'D BY HEALTH DEPT. 25R NAME COMPRESSOR DE	Clar BOXIO TIM.
This certhe boc shows: was D. deceas	SEP 1 9 1071 ( 25B. NAME OF REGISTRAR)	25C, FUNERAL DIRECTORY ADDRESS ADDRESS

IMPORTANT FUNERAL DIRECTOR:

or his assistant if death occurred in Also, the body was released to the hospital by a medical examiner. A shows: (1) An accident of any nature; (2) Body burns: (3) A fracture This certificate must be approved by the chief medical examiner

VS 150-REV. 1/1/68

The second secon

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

21/0			BALTIMORE CITY HEA	ALTH DEPARTMEN
342	71	8576	CERTIFICATE	OF DEAT

ERTIFICATE OF [		REG. NO	17/4	RETR
	2. DATE A	ND HOUR OF DEATH		13.37.43

1-24	2	N. 1. 10				000	110			
BIRTH NO.	71 85	576	CERTIFICA	TE OF DE	ATH	REG.	No.	/1	857	8
1. NAME OF DEC						ND HOUR OF		2	50	
			Godlewski		Se	ept. 1,	1971	2:	52	A
3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONO	JNCED DEAD	4. USUAL RESID	B. COU	ere deceased li- NTY	red. Il instituti	on: residenc	e belore	odmission)
FULL NAME OF	OF NOT IN HOSPIT	TAL OR INSTITU	JTION, GIVE STREET	Pa.				V	/ 3	43
INSTITUTION	ADDRESS OR LOC	AllONI		C. CITY OR TOW			D. INSIDE C	ITY LIMITS?		
US Publ:	ic Health Ser	vice Ho	spital	E. STREET AND	lelphia	1	YES		ио 🗌	
	Wyman Parkwa		F-1			r Street				
5. SEX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRT		9 AGE (In ve	018   16	Under 1 Yr.	16 11-4	24 14
M	W	WIDOWED		2/10/		lost birthday	Mod	Under 1 Yr. oths Doys	Hours	Min.
OA. USUAL OCCI	UPATION (Give kind of wor		BUSINESS OR INDUSTRY			pian country)	112.	CITIZEN O	EWHAT	COUNTRY
lone during most of	working life, even if refired)			Pa.			-		ISA	COOMIK
3. FATHER'S NA	sst. Engineer	Seaf	arting	14. MOTHER'S A	AAIDEN NA	AAE				
	Anthony Godl	oweki		1		ırczynsk				
5. Was Deceased	Ever in U. S. Anned For		1 6. SOCIAL	17. INFORMANT	illa Du	ir ezymsk	L			
Tes, no of unknown	(If yes, give wor or dote	es of servicel	SECURITY NO.					ADDI	RESS	
No			140-16-0641	Record	S- US ]	PHS Hosp	ital, B	alto.	Md.	
18.	21/1		CAUSE OF DEATI	Н				APPR	OXIMATE I	NTERVAL
	E OR CONDITION DI LEADING TO DEATH	RECTLY		Carcin	oma ri	ght lung	r		2 757	
(This does n	at mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE		th metas			2 yr	D.
heart failure,	aslhenia, etc. Il means plication which caused	the disease,	DOE 10, OR AD 1	- CONSEQUENCE	Or. 172	our me our	odbob			
1	NTECEDENT CAUSES									
DISEASES C	R CONDITIONS, if	any, giving	(B)DUE TO, OR AS	A CONSEQUENCE	OF:	****				
	abave cause (A) CONDITION last	slaling the								
ONDEREING			(c)							
OTHER SIGNIF	II ICANT CONDITIONS CO	NTRIBUTING						i		
✓ IDISEASE OR CO	H BUT NOT RELATED TO TONDITION GIVEN IN PAR		****************							
	OPERATION 198 CON WAS PER	DITION FOR W	HICH OPERATION	20A. AUTOPSY NO	? (Yes or No	O) 208. IF YES,	WERE FINDING CAUSES	OF DEATH	IDERED?	
OR CONTRIBUT	IT WAS UNDERLYING TING CAUSE OF	home	PLACE OF INJURY (e.g., in a, lorm, factory, street, of	or obout 21 C. WH	ERE DID	(il In	Boltimore City,	give exoct	locotion)	
١	medical examined	etc.)								
OF INJURY	(Month! (Doy) (Year!		INJURY OCCURRED	21F. HO	M DID IN	URY OCCUR?				
(APPROX.)		Worl	e At Not While							
22. I certify	that ( $V$ ) (this hospital	) attended th	e deceased framA	ug. 17			Sept	L	19	
that (I) (we)	last saw the decease	d alive an	Sept. 1	19 71	and th	nat in (my) (a	ur) apinian (	death acc	urred on	the date
and haur and	fram the causes stat	red abave. (1)	(We) (did) (did figh) vi							
23A. SIGNATU			1				23 B.	DATE SIGN	ED	
1 9	Mus to		Alter Phys.	ding Me	d. ector	Staff Phys.	'	9/3/71		
23C. PHYSICIA	N'S		2	3D. ADDRESS			262			
JOHN'S.	JAFFE, SA SUR	GEON (R)	2000	US PHS H	ospita	L, Balto	, Md	VIAN	D	
	PECILY) 248, DATE	24C. NA	ME of CEMETERY OF CR	MATERIA D	Y BUN	OGAHON U	(City, tow	n, or count	yl	(Stote)
	9-7-7	7/	F		TOTAL B	MEDICA	I SCI	100L		
25A. DATE REC'D	BY HEALTH DEPT.	258 NAME O	F REGISTRAR	To de Financia	TOPPOTO	TILLICA	IL DO	40	DRESS	

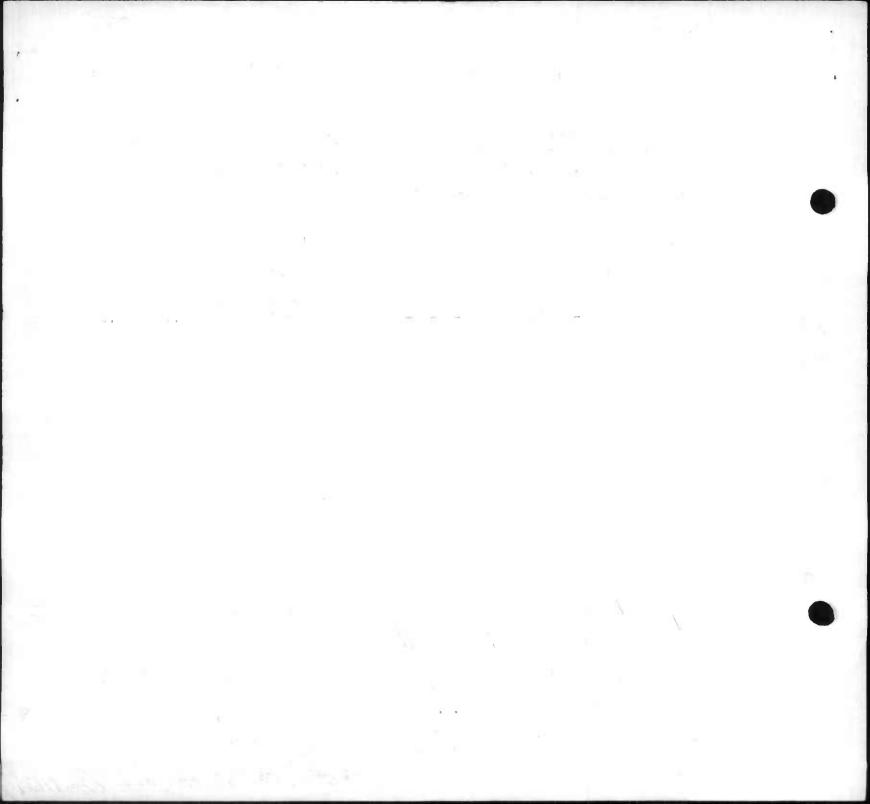
Robert E. Farley 762 SEP 13 19 VS 150-REV. 1/1/68

MORTUARY SERVICE

### FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11/	15	7			BALTIMORE CIT	Y HEALTH DEPAR	TMENT		7/4	of the	
BIE	RTH NO.	71	8.5	ワフ	CERTIFICA	TE OF DE	ATH	REG. NO.	11	2577	
1, 1	NAME OF D	ECEASED					2. DATE AL	ND HOUR OF DEAT	Н		
ll (1)	pe or Printl	LAWRE	WCE. N	ATHAN	(Nance)		9/11			1 11:45	D
3.	PLACE IN B	ALTIMORE MART				4. USUAL RESID	ENCE (Whe	ere deceased lived. H	institution		re admissiant
E	ILL NAME C	NE MENOTI	N HOERIT	I OR INICE	*******	Maryland	B. COUN	NTY		1 pourse	2 8
H+	STITUTION	ADDRESS	OR LOCA	TION)	TUTION, GIVE STREET	C. CITY OR TOWN		D 18	ISIDE CITY	TIAATTCO MI	10
		Veterans	Admin	istrat	ion Hospital	Baltimor		J. 11	YES T	_	
	13	3900 Lock				E. STREET AND			123 (2	U NO	
8	^-	Baltimore	. Mar	yland	21.218	3409 Fai	rview	Avense			
5.	XEX	6. RACE			X NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	If Un	der 1 Yr., If L	Jnder 24 Hrs.
	Male	Negro		WIDOWED	DIVORCED	3/15/96	5	lost birthdoy)	Manth	s Days Hau	Min,
104	USUAL OC	CUPATION (Give la	ind of work	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate at fare	ign cauntry)	12. CI	TIZEN OF WHA	T COUNTRY?
Udi			it retired)			0		.uz			
13.	Railro	AME			retired	St Mary	S CO	Md.	US	A	
	Tohn T	0.7771011 0.0						1416			
15		agrence	V				Souie				
(Ye	s, no ar unknow	wn) (If yes, give w	or or dates	ol service)	SECURITY NO.	17. INFORMANT	enital	Records		ADDRESS	
	YES	6/19/18	-7/9/	19	214-14-34-72			Raven Blvd.	Bal	to. Md	21218
	18. 4	0 4 1			CAUSE OF DEAT	Н			Diag	APPROXIMA	TE INTERVAL
	DISE	ASE OR CONDITION TO	TION DIR	ECTLY		0		1 6		I A	ET AND DEATH
	(This does	nol meon the		dvina e.a.	(A) IMMEDIATE CAL		<u> </u>	anhy h	m'a	1 W	Υ-
	heart lailur	o, oslhenia, elc. amplication which	It means	the disease	DUE 10, OR AS	A CONSEQUENCE C	F:				
	injury or co	ANTECEDENT		aeam.j	<u> </u>	T 711	n /	0 10	121	- 1	
	DISEASES				(B)	cute My	cardu	y ahle	who	+ 19	Que
	rise lo	OR CONDITIO	NS, if a	ny, giving sloling the	DUE TO, OR AS	A CONSEQUENCE	OF:	· · ·	٠٨.		<b>\</b>
	UNDERLYII	NG CONDITION	lost.		(c) Will	roscuror	· COM	sho vasente	NAVS		U
_			10						-		
ATION	OTHER SIGN	IFICANT CONDITION BUT NOT RELE	ONS CON	TRIBUTING						1	
CA	DISEASE OR	CONDITION GIVE	N IN PART	1_(A).			************				
TIF	ADATE		WAS PERF	DRMED	WHICH OPERATION	20A. AUTOPSY?	(Yes or No	IN CERTIFYING C	E FINDING AUSES OF	S CONSIDERED	D
CERTIFIC	21A, ACCID	ENT WAS UNDE	RLYING	21 F	PLACE OF INJURY (e.g., i	NO NO	SRE DID				
	OR CONTRI	ENT WAS UNDER	OF	hon	ne, form, foctory, street, o	ice bldg., INJURY	CCUR?	(it in Baltim	are City, gi	ive exact locotia	n)
10	21 D. TIME	(Month) (Day									
ME	OF INJURY	(Monini (Day	(Tean		INJURY OCCURRED		A DID IN1	URY OCCUR?			
	(APPROX.)			Wo	rk At Work						
	22. I certif	y that (1) (this	hospital)	attended t	he deceosed from	September	4th 1	19 71 to Se	ntemb	er 11th	19_71_
	THOT (W	J last saw the	deceosed	allve on_	September 11	th197]	ond the	at In (my) (our) or	Inlon de	ath occurred	an the date
	ond hour o	nd from the cau	ses stote	d abave.	(We) (did) (dya/g/s) v	lew the body ofte	er death.				
	23A. SIGNAT	URE	1	1	44. 0				23 B. DA	TE SIGNED	
	XII	Men)	1100	ables	Atte Phys	nding Med.		Staff Phys.	0/2	3/71	
	23C/PHYSIC	AN'S OF	1100	1	33N Q 30	3D. ADDRESS					
	NAME	STEP	EN GR	EENEER				Loch Raver			
24A	BURIAL CE	EMATION, 1248.			AME OF CEMETERY OF CRE	MATORY		more, Mary			(Free )
	REMOVAL	(Specily)	11/2	7/14	etephy ve	luga lange	-	SCATION 1	City, lawn,	Sand	(Statel
25A	DAJE REC'	D BY HEALTH DA	10	LER HERALA PA	Wellin	Cemelle	/ /	yer you	1		
	CFP1		A CELE	A TANK	AND O	25C FUNERAL	DIRECTO	Zm G	de	ADDRESS	)
VS	150-REV. 1/1	- 101 1				230	200	North	) de	- 13	et 11.20



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

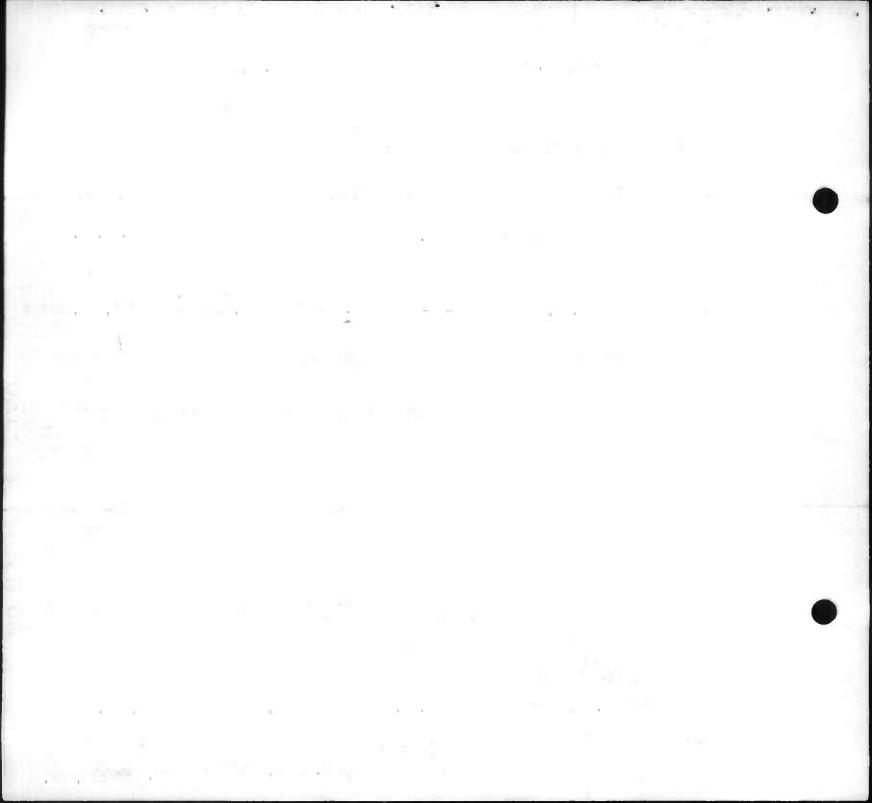
1.10			BALTIMORE CITY	HEALTH DEPARTMENT	T.	
BIRTH NO.	71 257	2	CERTIFICA	TE OF DEATH	REG. NO.	1 0578
1. NAME OF DE (Type or Print)	George V	V. Ke	lls		t. 9, 1971	1
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived If in	mstitution: residence before admission)
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR IN	ISTITUTION, GIVE STREET	Maryland	Baltimore	5300
NOITUTITZNI				Sparrows Poir	nt D. INS	IDE CITY LIMITS?
31	Baltimore Cit	ty Hos	spital	e. STREET AND NUMBE 814 F Stree	ir et	YES NO TO
s. sex Male	6. RACE White	WIDON		8. DATE OF BIRTH 4/14/02	9. AGE (In years last birthday) 69	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
IOA, USUAL OCC	CUPATION (Give kind of world f working life, even if retired)	TOB, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY
tane during most a	Bet	hlehe	om Steel Co.	Pennsylvania		U. S. A.
3. FATHER'S NA	AME	1		14. MOTHER'S MAIDEN	NAME	
Hugh	Kells			Emma D	owney	
5. Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT (Wife		ADDRESS
Yes ·	Navy W. W.		213-07-6608	Mrs. Amelia R		vs Point, Md. 21219
18. / 6	2/1		CAUSE OF DEAT	1	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY		Car rice	tu .	1 400
(This does	not meen the made of	dying,	e.g., (A) IMMEDIATE CAU	SE CANCELLY	marons	1 nu
heart failure	, asthenia, etc. Il means mplication which coused	the dise death.)	ose,	CONSEQUENCE OF:	1	
	ANTECEDENT CAUSES			Cin Ann	1 Jun	e t 2 hws.
DISEASES	OR CONDITIONS, if	ony, giv	ving DUE 10, OR AS	A CONSEQUENCE OF:	of sun	
rise to th	ne obove couse (A)	stating	the		0	
- Chi Delle IIII	II		(C)		*************	*******************************
OTHER SIGNI	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HE TERMIN	NG IAL		***	
OTHER SIGNI TO THE DEA DISEASE OR O 19A. DATE O	F OPERATION 198. CON WAS PERI	DITION F	OR WHICH OPERATION	NO NO	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examined	]	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21 C. WHERE DIE	O (II In Baltimer	e City, give exact location)
O 21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour)	21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX)			While At Not While Work At Work			
22. I certify	that (1) (this hospital	) attende	ed the deceased from	7/3		7.91971
that (1) (we	) lost sow the decease	d alive	on	19_7/ond	that In (my) (our) opin	nion deoth accurred an the dote
and hour on	nd from the courses stat	ed obav	e. (1) (We) (dld) ( <u>dld not</u> ) vi	lew the body after dear	th.	
23A. SIGNAT		/				23B, DATE SIGNED
	10	ho	DEGREE Phys	Med.	Staff Phys.	9/10/71
23C. PHYSICIA NAME (	Roger G. Winds	or	M. D.	520 D Street		oint. Md.
24A. BURIAL CRE	MATION, 248, DATE		DEGREE C. NAME OF CRE			ty, town, or county) (State)
Burial	9/13/71		ak Lawn Cemeter	y	Baltim	ore, Maryland
OCD 4	BY HEALTH DEPT	A A NAA	AE OF REGISTRAR	John J. Duda	7022 WA	ADDRESS

SEY 14

VS 150-REV. 1/1/68

COSSUE E. TREES, M.D.

a) 7922 Wise Ave. Dundalk, Md.



# FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	Vin	Int.0		BALTIMORE CITY	HEALTH DEPARTMENT		11 0540
116	TH NO.	71. 8	2579	CERTIFICA	TE OF DEATH	REG. NO.	
	Page of DECEAS		A. KE	ELBAUGH	2. DATE ANI	DHOUR OF DEATH	17-450 M
3.	PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE B. COUNT	deceased fived. If institut	A stills after
III H C	LL NAME OF	IIF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	Maryland C. CITY OR TOWN	D. INSIDE	1 3 Ø 7
	1/2000	Kemona	1 Hors	pulal	Baltineo	4.4	s No 🗌
	Ball,	Marylon	d 21	218	E. STREET AND NUMBER 7/2 W 3	5th Street	
5. 3	EX 6.1	white	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	10/14 /1 <b>8</b> 98	ast birthday)  AGE IIn years  If  Mo	Under 1 Yr. if Under 24 Hrs. anths Days Hours Min.
		TION (Give kind of worling life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or foreig	on country!	CITIZEN OF WHAT COUNTRY?
Oon		ork	2wt-k	com	Maryland		AMERICAN
13.	FATHER'S NAME	0	11.		14. MOTHER'S MAIDEN NAM	4	•
	William	m Sw	Moon		Susie A	roustron	9 -
15. (Ye	Was Deceased Eve s, no or unknown) (if	yes, give war or date	rces? as of service)	SECURITY NO.	17. INFORMANT	4	ADDRESS
	NO				Phillip Kelban	gh ( San	e)
	18. / 8	X 1		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DI	RECTLY		A lillo	e Carcino	une-
	(This does not	mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	+ 00 000	
	heart failure, asti	henia, etc. It means alion which caused	the disease,		07	he otoolous	
	ANI	ECEDENT CAUSES		400			
		CONDITIONS, IF		DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the c	ondition last	stating the	(c)			
		n					
ATION	OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING				
₩.	DISEASE OR CON	DITION GIVEN IN PAI	RT 1 (A).	VHICH OPERATION	20A. AUTOPSV2 (Yes or No.	208 IF YES WERE FINE	INGS CONSIDERED
ERTIFIC	O -	WAS PER	PORMED	THICH OPERATION	20A-AUTOPSY? (Yes at No.	IN CERTIFYING CAUSE	OF DEATH?
AL CE	21A. A CCIDENT TO CONTRIBUTION DEATH (notify me	WAS UNDERLYING DIG CAUSE OF	218. hometc.)	e, farm, factory, streat, of	or about 21C WHERE DID fice bidge INJURY OCCUR?	(If In Baltimore CI	ty, give exact lacotion)
	21D. TIME IM	ionth) (Day) (Year)	(Hour 21E,	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2	[APPROX.]		Whi	le At   Not While At Work	• 🗆		
	22. I certify the	it (I) (this hospita		ne deceased from		9 71 to Sex	st 12, 1971
		st saw the decease		Sept-12		at In(my) (our) apinlar	death accurred on the date
	and hour and fr	am the causes sta	ted abave. (I	) (We) (did) (did met) v	iew the bady after death.		
	23A. SIGNATURE	1210 11.		1	30		L DATE SIGNED
	-6	Kohery		OEGREE Phy	L Director L	Staff Phys.	Sept 12, 1971
	NAME (Type		ETT	1 118/25	Union Herro	nal Hospilan	d 21218.
24	A. SURIAL CREMA	TION, 24B. DATE	24C. N	ME of CEMETERY OF CR	MATORY 24D. LG		awn, or county) (State)
	Burial Spec	9/15/7	7 /2	alional	as	ello gul.	
25	A. DATE REC'D BY	HEALTH DEPT.	258 NAME C	OF REGISTRAR	25C. EUNERAL DIRECTOR	202	ADDRESS
	SEP 1	A 1971 Ga	الله الله الله الله الله الله الله الله	word ()	Vasec. Ger	361700	estur /122,
VS	150-REV. 1/1/68						

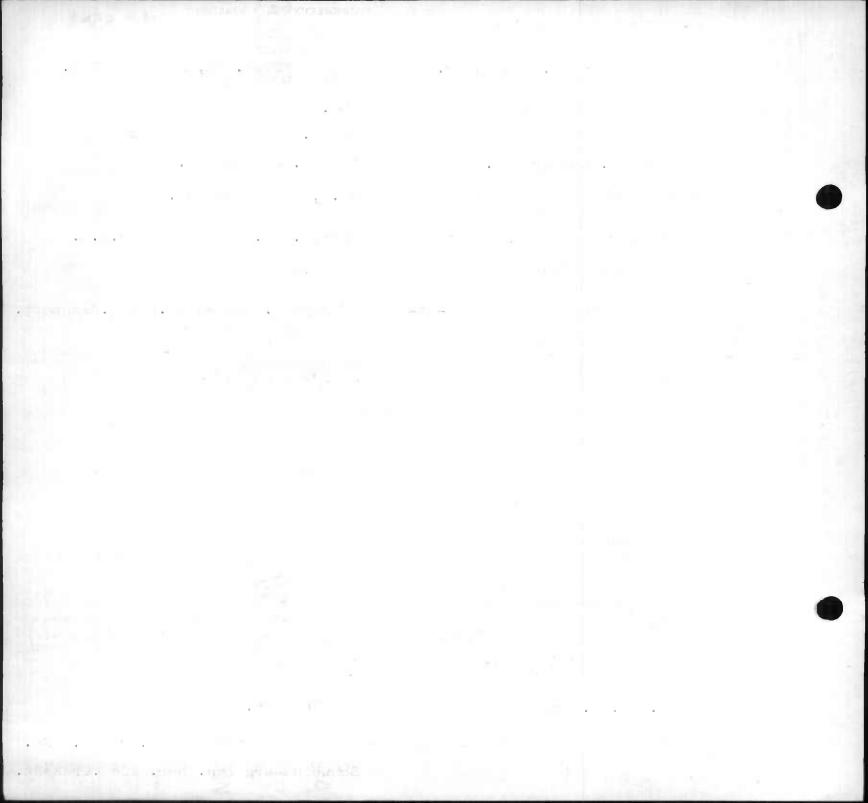


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	7	104.0		BALTIMORE CITY	HEALTH DEPARTMENT		74
BIR	-265 TH NO.	71	8580	CERTIFICA	TE OF DEATH	REG. NO.	2580
	IAME OF DECEA		S, ELS	IE MARGARET		TEMBER 13.	19711 2:55 Am.
3.	PLACE IN BALTIA	AORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU		nstitution: residence before admission)
ll Ho	LL NAME OF SMITAL OR STITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INS	21230 25 /2
	1 / 6	ST AGNES	HOSPI	TAL	BALTOMORE		YES X NO
	40		WILKEN		E. STREET AND NUMBER		
_		BALTIMOR			2702 RITTEN		
5. S	EMA LE	WHITE	7. MARRIED WIDOWED	THEASK WOKKISD [	06/18/97	9. AGE (In years lost birthday) 74	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
		ATION (Give kind of work rking life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE   State of fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
001	HOUS EW				MARYLAND		U.S.A.
13.	FATHER'S NAME				14 MOTHER'S MAIDEN N	AME	
	ANTON (	BOSSERT			MAMIE KUPP	ED	
15.	Wee Deceased E	rer in U. S. Armed Fore I yes, give war er date:	180	6 SOCIAL	17. INFORMANT		21229 ADDRESS
(10	NO	t yes, give war et date:	s or services	None	ST AGNES! R		ON & WILKENS AVES
_	18. // / /	1/-		CAUSE OF DEATH		LC ONDS CAT	APPROXIMATE INTERVAL
	4/0/1	OR CONDITION DIR	ECTLY		6/ +		BETWEEN ONSET AND DEATH
		ADING TO DEATH		(A)IMMEDIATE CAU	setfule but	wonessy ed	euce 8 hours
	heart failure, ac	meon the mode of thenia, etc. It means	the disease,	DUE TO, OR AS	CONSEQUENCE OF:	/	
		icotion which caused	death.)	DCI			
		ITECEDENT CAUSES		(B) 17001			1 all bernine of
		above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
		CONDITION lost.		(c)			
_		11					
ê	OTHER SIGNIFIC	ANT CONDITIONS COL	HE TERMINAL				
ERTIFICATIO	19A. DATE OF C	PERATION GIVEN IN PAR PERATION 19th CON- WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES, WERE	FINDINGS CONSIDERED
RATI	21				YES		
AL C	OR CONTRIBUTE	WAS UNDERLYING DO CAUSE OF COMMITTEE CAUSE OF	218 hom etc.	a farm, factory, street, of	n or about 21 C. WHERE DID lice bidg., INJURY OCCUR?	(if In Boltimo	re City, give exoct location)
MEDIC	21D.TIME (	Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID II	HJURY OCCUR?	
2	IAPPROX.)		Wh	ile At   Not While At Work	· 🗆		
	22. I certify th	not (1) (this hospital		he deceosed from S.E.		19 71 to SE	PTEMBER 1319 71
	that () (we) !	est saw the decease	d alive on	SEPTEMBER 1	3 19 71 and	that in (m)() (aur) ap	inion death accurred on the date
			ed above.	() (Me) (qiq) (qid XoX) v	lew the body after death	le .	The Court of Courts
	23A. SIGNATURE	1200	0	1 MD Atte	nding Med.	Stuff FC7	23B. DATE SIGNED
	Telle	CHTBURGE	plat	le DEGREE Phy	Director L	Staff Phys.	1//3///
	23C. PHYSICIAN NAME (Typ	el			23D. ADDRESS		1000
		JLO WESTPH		D . DEGREE			1229
24	A. BURIAL CREM REMOVAL ISP	ATION, 248. DATE	24C. N	AME of CEMETERY of CRI	MAIORT 24D.	LOCATION	City, town, or county) (State)
	Burial	9/16/		odlawn Ceme		Woodlawn	Maryland
25	A. DATE REC'D I	THE THE DEST	258 NAME	OF REGISTRAR	252. FUNERAL DIRECT	OR 17.	1 - CY ADDRESS
II 🖣	SEP 14 E	A CONTRACT	Variotes,	A 39 E-0	a lanund	de Him	P. Men Summe
	150-REV. 1/1/68						

A THE TRANSPORT OF THE SEASON 
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and dec W SEP 14 VS 150-REV. 1/1/68

_		BALTIMORE CITY	HEALTH DEPARTMENT	1714	01104
E-355 .71	8581	CERTIFICA	TE OF DEATH	reg. No. 71	8581
I NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	
(Type or Print) Georg	ge V. Eidma	in Sr.	Sep	t. 11, 1971	11 A. A
3. PLACE IN BALTIMORE, MAR			A. STATE B. COUN	e deceased lived. If institution	on: residence before admission
FULL NAME OF (IF NOT I HOSPITAL OR ADDRESS INSTITUTION	N HOSPITAL OR INSTITUTE OR LOCATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?
00			Balto.	YES	MO O
1111 W. I	Hamburg St.		1111 W. Ham	burg St.	
5. SEX 6. RACE		NEVER MARRIED		9. AGE (In years If L	Inder 1 Yr. If Under 24 Hrs
male whi	te WIDOWED	X DIVORCED	Jan.1,1905	66 yrs.	
tOA. USUAL OCCUPATION (Give done during most of working life, ever		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12.	CITIZEN OF WHAT COUNTR
Supervisor	Rice	s Bakery	Balto. Md.		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE	
William			Lillian	Reibert	
15. Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give	Armed Forces? war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	one	218-03-701		Eidman Jr.92	27 S. OldhamSt
18. 3 9 3 , 21	TION DIDECT	Renal .	Dusufficiain "	and Uremia	BETWEEN ONSET AND DEAT
DISEASE OR COND LEADING TO			00		Chemie -
(This does not mean the heart foilure, osthenio, etc. injury or camplication which	made of dying, e.g., It means the diseose, th caused death.)		SE A CONSEQUENCE OF: Cottalyto in	bolone	many yo
ANTECEDENT	CAUSES	(B)	V		, v
rise to the above co	use (A) stating the	(C)	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RE	LATED TO THE TERMINAL	Chronic 9	Beorchitis and	Heart Farling	Yns.
DISEASE OR CONDITION GIVE		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF hon	ne, form, foctory, street, o	n or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore City,	, give exact location)
21D. TIME (Month) (Do OF INJURY (APPROX.)		INJURY OCCURRED		URY OCCUR?	
22. I certify that (I) (this				1971 ta	9-11 1971
		. 5 1	A	•	death occurred on the
that (1) (were last saw the			•	/ A . /	1 1 -
ond hour ond from the co	uses stoted obove.	(did not) v	riew the body after death.		DATE SIGNED
)-11	00 1 1	PA JAN AHO	ending Med.	Staff	9-13-71
23C. PHYSICIAN'S	Tomos 1	DEGREE Phy		Phys.	
NAME (Type)			/		
	. Law	DEGREE	714 York Rd		un or county) (Et al.)
REMOVAL (Specify)		AME of CEMETERY of CR			wn, or county) (State)  Balto. Md.
Burial 25A. DATE REC'D BY HEALTH	9/14//1 LC	oudon Park C	25C. FUNERAL DIRECTOR	rederick Ave.	ADDRESS
SEP 14 1977	Robert E. Fall	dy 182	1 44 44 4	3	L126W.CrossSt



#### IMPORTAN DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT of death Deceased CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO O September 9, 1971 Anna M. Snack

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY attendance (4) Undetermined cause; (5) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore, YEX-K disposition is made. 411 N. East Avenue E. STREET AND NUMBER East Avenue in regular 5. SEX 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 1 Yr. Months! Doys WIDOWED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired) Maryland
14. MOTHER'S MAIDEN NAME Housewile Was the 13. FATHER'S NAME John Deasal Mary Weidner death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yos,no or unknown) af yes, give war or doles of sorvice) 6. SOCIAL 17. INFORMAN final SECURITY NO. attendance Miss May Snack 411 N. East Avenue any pronounced CAUSE OF DEATH 10 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE PRIERIESCL. C. V. D. SEASE 1This does not mean the mode of dying, e.g., ar heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) CONSEQUENCE OF: Generalized 10 years regul ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the physician UNDERLYING CONDITION last before the remains Was any nature; (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218, PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exect location) to the hospital MEDICAL °Z DEATH (notify medical examined obtained (Doy) (Houd 9 (Yoor) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except Not White (APPROX) and 22. I certify that (I) (this haspital) attended the deceased fram. that (I) (we) last sow the deceased alive on. and that in (my) (our) opinion death accurred on the date shows: (1) An accident of at a hospital death) and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A, SIGNATURE Attending Phys. 0 written approval 23C. PHYSICIAN'S prior 23D. ADDRESS D.O.A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION pespese Holy Redeemer (emetery Baltimore, Maryland 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Moran, Inc.

NO

12. CITIZEN OF WHAT COUNTRY?

APPROXIMATE INTERVAL

ADDRESS

Baltimare

USA

If Under 24 His.

. X = 2 

# FUNERAL DIRECTOR: IMPORTANT

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1	EA					BALTIMORE CIT	Y HEALT	H DEPARTMENT					
1	-52	) "	71	8583	3	CERTIFICA	TE C	F DEATH	RE	G. No	71	8583	
	TH NO.			000					AND HOUR	OF DEATH		0000	
	e or Print)	LASED	LYNC	H, AN	INA	ADELINE		SEP	TEMBER	R 11,	1971	7:45	Рм.
3. 1	PLACE IN BAL	TIMORE, MAR	YLAND, W	HERE PRO	NOUN	CED DEAD	A, USU A, STA	AL RESIDENCE (WI		d lived. If in	stitution; p	esidenco before admi	ssion)
FU	LL NAME OF	(IF NOT I	N HOSPIT	AL OR INS	יווטזוו	ON, GIVE STREET		ARYLAND ORTOWN		In INS	IDE CITY LI	IMITS?	1
1142	MOHON						11	ALTIMORE		0. 1143	YES T	ио 🔀	
4	ST AG	NES HO	SPIT	ΔL			E. STRE	ET AND NUMBER					
_				-					TITUT				
5. S		6. RACE	TE	7- MARRI	ED 📗	NEVER MARRIED			9. AGE (li	ayl	Months:	Doys Hours N	l Hrs.
	EMALE	WHI		WIDOW		DIVORCED _		05 x05c 103	XX				
		UPATION (Give working life, ever		108 KIND	OF BU	ISINESS OR INDUSTRY	11. BIRT	HPLACE (State of fo	reign country	1	12. CIT	ZEN OF WHAT COL	INTRY?
							PEN	NSYLVANI	Δ			USA	
13.	FATHER'S NA	ME					14 MO	THER'S MAIDEN N.	AME				
	HARRY C	LYNCH	1			24552	VAR AT	77	IDE)	- Mar	y E.		
15. Yes	Was Deceased	Ever in U. S.	Armed For	cesi	16	SECURITY NO.	17. INFC	RMANT				ADDRESS	
	No					162-44-692	BST	AGNES R	EC ORD	S-BAL	TO MD	21229	
	18. 4. 9 1	601				CAUSE OF DEAT					ì	APPROXIMATE INTER	
	DISEA	E OR COND		RECTLY			use GIbleeding					BETWEEN ONSET AND	DEATH
	LEADING TO DEATH  IThis does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUS								ent	14		(CIFFERS)	·lon
	heart failure, asthenia, etc. It means the disease,												
	injury or complication which caused death.)							a ti	7	Pear	.		7
	ANTECEDENT CAUSES  (B) FOSS						5.	vepic	- 47	ecr			
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS						S A CONS	EQUENCE OF:					
	UNDERLYING CONDITION lest (C)							<u> </u>					
		- 11								······································			
CERTIFICATION	TO THE DEAT	H BUT NOT RE	LATED TO T	HE TERMIN		ASC	ZVD						-
N N		ONDITION GIV			OR WH	ICH OPERATION	20A	AUTOPST? (Yes or	No. 208, 1P	YES, WERE	FINDINGS	CONSIDERED	
ERTIF	194 DATE OF OPERATION 194 CONDITION FOR WHICH OPERATION WAS PERFORMED							NO					
	OR CONTRIBLE DEATH (notily	NT WAS UND	ERLYING [ SE OF ined		21 B, PL home, etc.)	ACE OF INJURY (e.g., form, factory, street, c	in at abou office bidg	INJURY OCCUR		(II In Boltimo	re City, giv	e exact location)	
MEDICAL	21 D. TIME OF INJURY	(Month) (Do	y) (Year)	(Hous)	21E IN	JURY OCCURRED		21 F. HOW DID II	NJURY OCC	UR?			-
3	(APPROX.)				While Work	At Work							
	22 1	Abox (1) (abla	hornite	1) attenda		deceased fram		EMBER II	10 71	4- 5	EPTEN	ABER The	71
	that (1) (wa)	Jens new sha	FIGHTIA	od alterna	G IIIG	SEPTEMBER	11 1					th occurred on the	nderedner n. derken
	1	•								/ (DMTTob	men deu	in occurred on the	e dute
1	23A. SIGNATU		uses sta	ted abave	· (I) (	We) (did) (did not)	view the	body after death	lio .		122 B D A	TE SIGNED	
	23~ JIONATO	1/ 1	nan	1	2	m An	ending	Med.	Staff Phys.		9	111/71	
	23C. PHYSICIA	INES	100		VOD	of Gall No	23Q. ADI		111/3. 9-			"/ "	
	NAMEO		0.41	100			3	< 1		//	/ /		
24/	RURIAL CRE	MATION, 248. Specify)		KAR /		DEGREE	EMATOR	7 /5/12 24D.	LOCATION	105P.7	ity, town, o	or county) (St	otel
L	Buria	1 9	/15/	71 h	oly	Sepul@hr	e Ce	metery-W	undme	or N	tu C	tt. Pa.	
254	DATE RECO			258, NAA	SE OF	REGISTRAR	25C			on E.B			
	SEP 14		වේද <sup>ක</sup> ල ද	Vasi	enj	-9 (	•	5 8	<b>M</b>				
VS	150-REV. 1/1/	68								the state of the	2114. Z7	464	

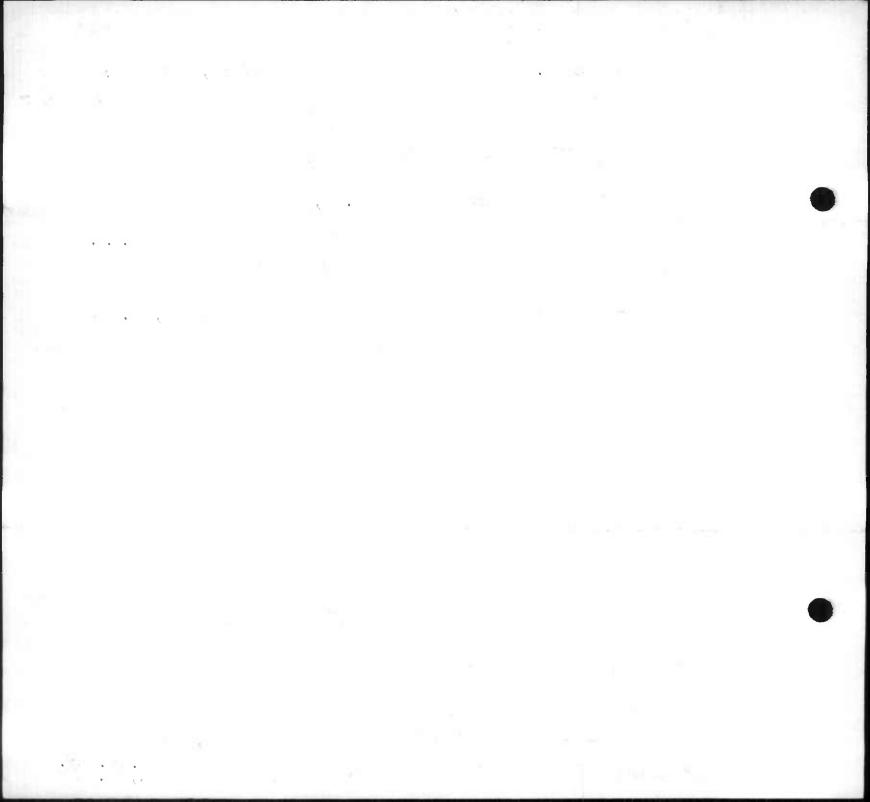
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	Z-360 BALTIMORE CIT	Y HEALTH DEPARTMENT								
B	RTH NO. 71 8584 CERTIFICA	ATE OF DEATH REG. NO. 71 8584								
1.	NAME OF DECEASED  ype or Pfintl	2. DATE AND HOUR OF DEATH								
	Josephime M. Eder	September 9, 1971   5:05 P M.								
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY								
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 2303								
	ASTITUTION ASSESSMENT OF LOCATION	Baltinore D. INSIDE CITY LIMITS?								
	South Baltimore General Hospital									
	σομοί Βαλλικοπέ θεπέπαλ πουριλάλ	1926 Light Street								
5.	SEX 6- RACE 7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Doys Hours; Min.								
	Female White WIDOWED DIVORCED	Mar. 19, 1902 69								
	A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTR one during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
	Housewife Own Home	(zechoslovakia U.S.A.								
113	FATHER'S NAME									
1	John Durika	Veronica Merick								
(ř	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown! (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 8423 Kenton Road								
	No 215 09 4367	B Mary Jo (Leckner Pasadena, Md. 21122								
	DISEASE OR CONDITION DIRECTLY	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
	LEADING TO DEATH	to Corono Occlusion member								
	heart failure, asthenia, etc. it means the disease,	S A CONSEQUENCE OF:								
	injury of camplication which caused death.)	asslenter Condes Vouls								
	ANTECEDENT CAUSES	S A CONSEQUENCE OF:								
	rise to the above cause (A) stating the	3 A CONSEQUENCE OF:								
	UNDERLYING CONDITION last, (C).									
2	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
CEPTIELC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
83	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID (If In Baltimare City, give exect location)								
	OR CONTRIBUTING CAUSE OF home, (arm, (actary, street, etc.)	affice bldg., INJURY OCCUR?								
100	21D. TIME (Manth) (Day) (Year) (Haur) 21E INJURY OCCURRED	21F, HOW DID INJURY OCCUR?								
1	OF INJURY  (APPROX.)  While At Not Whi Wark  At Work									
	22. 1 certify that (1) (this hospital) attended the deceased from	march 1970 10 9° - 9 19//								
	that (W (we) lost saw the deceased clive on									
	and hour and from the causes stated abave. (P) (We) (did) (did not) view the body after death.									
	23A. SIGNATURE 0 0 (100 ) 14 D	23 R. DATE SIGNED								
	DEGREE Ph									
	NAME (Type)	23D. ADDRESS								
2	IX BURIAL CREMATION 124B. DATE 124C. NAME OF CEMETERY OF C	101 E. MOVI AVE								
12	REMOVAL (Specifyl									
2	Burial 9-13-71 New Catheral Cen	netery Baltimore, Maryland  25C, FUNERAL DIRECTOR 120 & FADDRESS								
	SEP 14 1971 TOBOLS E VALLE, M.D.	Mc willy Funeral Home Balto, Nd. 21230								
V	5 150-REV, 1/1/6B	The west twice nome back, the way								



TIFICATE OF	DEATH	REG. NO	8585
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BIRTH NO.		MED	ICAL	EXAMINE	R'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	L 8!	585
I. NAME OF DEC		xReciph	andr	Reinhart		2. DATE OF DEATH	Known 🕏	Month Septem	nber 10,	1971	6:51 P
				ONOUNCED DEAD		3. DATE	NICED DEAD	Month	Day	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT	SS OR LOCA	L OR INST	MUTION, GIVE STREE	ī		NCED DEAD		nber 10,		6:51 Pl
38	Univer	sity H	ospit	:al	38	A. STATE	Maryland		B. COUNTY		102
6. SEX	7. RACE		8. MARR	IED NEVER MAR	RIED 🔀	C. CITY OR			D. INSIDE CI	TY LIMITS?	
Female	White		WIDOW				Baltimor	е	YE	5-2	10 🗆
9. DATE OF BIRTI		10. AGE (Ir last birthday		Manihs, Days, Hau	er 24 Hrs.		ND NUMBER 1224 Jam	es Stre	eet		
11. BIRTHPLACE (S				12. CITIZEN OF		13. FATHER'S	NAME				
Maryla	end.			WHAT COUNTR	Y?	Lerou	Reinhara	1			
14A.USUAL OCCU	PATION (Give	kind of work	48. KIND	OF BUSINESS OR I	NDUSTR	Y 15. MOTHER	'S MAIDEN NA	AME			
dane during most of w		en a renrea)	Be	autu Shop		Gertry	de F. Ki	dwell			
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	2 117. SOCIAL	NO	IB. INFORM		13/11		DORESS C	
(Yes, no ar unknawn)	(it yes, give w	or or doles	or service	213 00 3	1707	0	Reinhart	Bal	level timore	Mary La	
19.	50	0		CAUSE	OF DEA	TH					roximate interva En onset and de
DISEAS	E OR COND	MON DIRE	CTLY			Dane	A. S. A				
	LEADING TO				MEDIATE	CAUSE	biturate	overd	ose		
heart follure	of mean the , asthenia, etc.	. It means the	disease,	DU	E TO, OR	AS A CONSEQU	JENCE Of:				
Injury or con	nplication which	h coused dec	in.)								
At	NTECEDENT	CAUSES		(8)							
DISEASES O	OR CONDITION	ONS, IF ANY	GIVING	DU	E 10, OR	AS A CONSEQ	UENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.											
		11									
OTHER SIGN TO THE DEPOSITE OF	ILFICANT CON	IDITIONS CO	ONTRIBUT	ING							
DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)								
S 20A. DATE OF	F OPERATION	1 208. CO!	IDITION	FOR WHICH OPERA	W NOITA	AS PERFORME	D				SY? (Yes or No
-1										Ye	S
Olumenumate	NAL CAUSE	WAS TRIR		22B. PLACE OF INJ hame, farm, lactory, s	URY (e.g., street, alfi	in or about 22 be bldg., etc.) IN	UURY OCCUR?	(If in Boltimo	re City, give exa	ct localian)	
□ UTING □ CA	USE OF DEA			Unknown			Ur	known		0-0	0
≥ 22D. TIME OF INJURY	(Manth) (D	oy) (Year	) (Hau				F. HOW DID	NJURY OCC	UR?		
(APPROX.)	Unknow	vn		m. WHILE AT		WHILE WORK	Ingested	loverdo	ose of b	arbitu	rates
23.		-1.1 1		1		· · · · · · · · · · · · · · · · · · ·		able bests	double to our		
	ify that I h		nquiry			itopsy K			death in my	_	
resul	ted from: N	atural cau	ses 🗀	Accident	-		micide L		ned manner L		
ACTUAL		0 110	110	111	ש		HIEF MEDICAL		K		DATE SIGNED
SIGNAT	. 11 / // //	VVV	V	13	M.I	J.	TANT MEDICAL		Cont.	amb are	11 1071
EXAMIN NAME (1		erner l	J. Sp:	iz, M.D.		ASSO	CIATE MEDICAL	EXAMINER	☐ Sept	ember	11,1971
24A. BURIAL CRE	MATION. 12	48. DATE		24C. NAME of C	EMETERY	or CREMATO	RY 240	LOCATION	(City, town	, or county)	(State)
REMOVAL (Speci	14)	9-14-	71	Glen Har	ven M	emorial	G	len Bur	rie, A.A	.60.	Md.
25A. DATE REC'D	BY HEALTH			AME OF REGISTRA			UNERAL DIREC		120 A	DDPESS	
SEP 14	1971	Passis	EN a	Ben KID"	11	AME	n In/ TT		ome Bal		Avenue d. 21230
VS 151-REV. 1/1/6	8	196	7	A T							

-	T-620	) / L	MED		L E>	CAMINER'S			F DEAT	Н	1 8	586
1.	NAME OF DEC	EASED					2. DATE	Known 🔲	Manth	REG. NO.	Year	Hour
(Ту	pe or Print)		EDWARD	TI	URIOK	A STATE OF THE STA	OF DEATH	Estimated [	_			
4.	PLACE IN BAL	TIMORE, MA	ARYLAND, W	HERE P	RONC	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORIN:	STITUTIO	ON, GIVE STREET		UNCED DEAD		mber 9,		8:35 A. M
	00	1932	Wilkin	s Av	enue		A. STATE	Maryla		B. COUNTY	: residence l	2003
6.	SEX	7. RACE		8. MAR	RIED	NEVER MARRIED	C. CITY OF	RTOWN		D. INSIDE CIT	TY LIMITS?	
M	ale	Whi	te	WIDO	WED	DIVORCED [		Baltin	ore	YE	SQX.	NO 🗆
9. 1	DATE OF BIRTI	H	10. AGE (In			der 1 Yr. If Under 24 Hrs. hs Doys Haurs Min.	E. STREET	AND NUMBER				
	Aug. 15,	1900	last birthda	y)	Monii	ns Doys Hoors Mill.		1932 W	ilkins			
11.	BIRTHPLACE (S	tate or faret	gn country)			ITIZEN OF	13. FATHER		Tarttio			
	Baltim	ore			W	HAPPOUNTRYS		Frank	M. Ture	k		
144	USUAL OCCU	PATION (Giv	e kind of work	4B. KIN	D OF B	SUSINESS OR INDUSTR	Y 15. MOTHE			35		
dan	e during most of w	varking life, ev	en ifretired)	ויינ"ו	ieki	ng Co.	T	Clizabeth	Fuka			
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCE	:52	17. SOCIAL	18. INFOR		ruka		DRESS	
(Ye	Yes	(If yes, give	wor or dates	al servic	e)	SECURITY NO.			D 001			02.000
-	19.	17	7/	-		CAUGE OF DEA		et Marx	BOX Z34	A Rt. 1		PPROXIMATE INTERVAL
	4/00	1 1				CAUSE OF DEA					BETW	VEEN ONSET AND DEATH
	DISEASI	E OR COND	ITION DIREC	CTLY		Arterioso	lerotic	cardiov	ascular	disease	2	
		LEADING TO				(A)IMMEDIATE	CAUSE					
	(This does no heart failure.	ot mean the asthenia, etc	made of dy	ing, e.g.,			AS A CONSEC	QUENCE OF:				
	injury ar cam	aplication whl	ch coused de a	ith.)								
	AA	NTECEDENT	CAUSES			(0)						
	DISEASES C	OR CONDITI	ONS, IF ANY	GIVING	3	DUE TO, OR	AS A CONSE	QUENCE OF:				
	RISE TO THE	ABOVE CA	USE (A) STAT	ING THE	E							
Z	O TO EXCELLE		OIL LASI.			(c)						
E	OTHER CLOSE	15101117.00	11	A IVALAL	1711.10							
CERTIFICATION	TO THE DEA	ATH BUT NOT	NDITIONS CO RELATED TO GIVEN IN PA	THE TERM	MINAL							*************
FRT	20A. DATE OF	OPERATIO	V 20B. CON	IDITION	FORV	WHICH OPERATION W	AS PERFORA	MED			21. AUTO	PSY? (Yes or No)
	0										Ne	
4	22A. EXTER!	NAL CAUSE	WAS		22B. P	LACE OF INJURY (e.g.,	in or obout	22C. WHERE DIE	(II In Boltimo	re City, give expe		5
MEDICAL	UNDERLYING UTING CA	USE OF DEA			ham e,	form, foctory, street, offic	e bldg., etc.) l	NJURY OCCUR	(a air commo	To diff give exce	roconony	
2	OF INJURY	(Manth)	Day) (Yeor	) (Hou		E.INJURY OCCURRED		22F. HOW DID I	NJURY OCC	UR?		
	(APPROX.)						WHILE WORK					
	23.	ify that I h	eld on l	nquiry		. 871	topsy	and that on	this basis	death in my		
			loturol cau			cldent Suicie					_	
	resuit	ed ironi. I	A A		70	cident 🗀 Suicid		omicide 🔲		ned manner	J	
	ACTUAL	0	1 . 10	11		1 -		CHIEF MEDICAL				DATE SIGNED
	SIGNATU	JRE	uns	10	0	orniga Ce M.D	ASSI	STANT MEDICA	EXAMINER	[X]		
	EXAMINI NAME (T	er's C	harles	S. S	Spri	ngate, M.D.	ASSO	OCIATE MEDICAL	EXAMINER	□ Sept	ember	9, 1971
RE	A. BURIAL CREA MOVAL (Specil	AATION, 2	4B. DATE		240	NAME of CEMETERY	or CREMATO	DRY 241	LOCATION	(City, lown,	or county)	(Stote)
-	Burial		9/13/	71	H	oly Redeemer	Cemete	ry	Baltim	ore. Mar	vland	
25.	A. DATE REC'D	BY HEALTH	DEPT.	25B.	NAME (	OF REGISTRAR		FUNERAL DIREC			DRESS	
	SEPI	1977	1600	- 4		72 0.00	BA	zázinskí	Sunera	V Home 7	407 F.	astern Ave
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	MILLA	BALTIMORE CITY	HEALTH DEPARTMENT						
BIF	TH NO. 71 8587	CERTIFICA	TE OF DEATH 9/10/21 8587						
	AME OF DECEASED		2. DATE AND HOUR OF DEATH						
	MILLER, GREGORY H.		м.						
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	DNOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY						
FU	LL NAME OF (IF NOT IN HOSPITAL OR II	ASTITUTION, GIVE STREET	MARYLAND BALTIMORE						
IN	STITUTION		C. CITY OR TOWN  D. INSIDE CITY LIMITS?						
1-6	ST. A GNES HOSPITAL		BALTIMORF YES NO V						
1	CATON & WILKENS AVEN	UE 1.2.2.0	1214 NORTH ROLLING RD 21228						
5. :		RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs.						
	MALE WHITE WIDO		10 29 16 lest Sighday) Months Days Hours Min.						
	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or (oreign country) 12. CITIZEN OF WHAT COUNTRY?						
	SA LE SMAN BA	LTO COUNTY	MARYLAND U.S.A.						
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	LAWRENCE G. MILLER		CATHERINE HUISLER						
15, (Ye	Was Deceased Ever in U.S. Armed Forces? , no or unknown)[III yes, give war ar dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT WILKENS AVE 21229 ADDRESS						
		215-10-2256	ST. AGNES HOSPITAL RECORDS CATON &						
	18. // / 1	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
	(This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE hrombosu Right Coronny						
	heart failure, asthenia, etc. It means the disc injury or camplication which caused death.)	arley							
	ANTECEDENT CAUSES	Posteru	in Septal infanct.						
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:						
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OUT OF AS A CONSEQUENCE OF:  OUT OF AS A CONSEQUENCE OF:								
	II II	(-//							
NO NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI	NG							
S.	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198 CONDITION F	***************************************							
ERTIFIC	WAS PERFORMED	OK WHICH DIEKATION	20A-AUTOPST? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
2	21A. A CCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID III in Raitimore City give exact location						
S S	DEATH (notify medical examiner)	home, (orm, factory, street, of	see bldg., INJURY OCCUR?						
ED	21D.TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?						
8	(APPROX)	While At Not While							
	22. I certify that MMthis hospital) attend		PIEMBER 07 19 71 to SEPTEMBER 10 1971						
	that (() (we) last sow the deceased alive								
	ond hour and from the couses stated abov	e. (l) (We) (did) (d)(d)(n)(t)(vi							
	23A. SIGNATURE	23 & DATE SIGNED							
	2 mount a	DEGREE Phys.	nding Med. Staff 9/10/7W						
	23C. PHYSICIAN'S TAR 10	DEGREE	3D. ADDRESS						
	DR. MAHMOOD	DEGREE	ST AGNES HOSP., BALTO., MD. 21229						
24A		C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) [State]						
2	wrial left 13-197! 9	Zaclowridge An	ronal Park Caseto and.						
25A	DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
	SEP LA BIT VOE SE LAS	See ADD	Harley Cavanaugh + H.						
VS	50-REV. 1/1/68								

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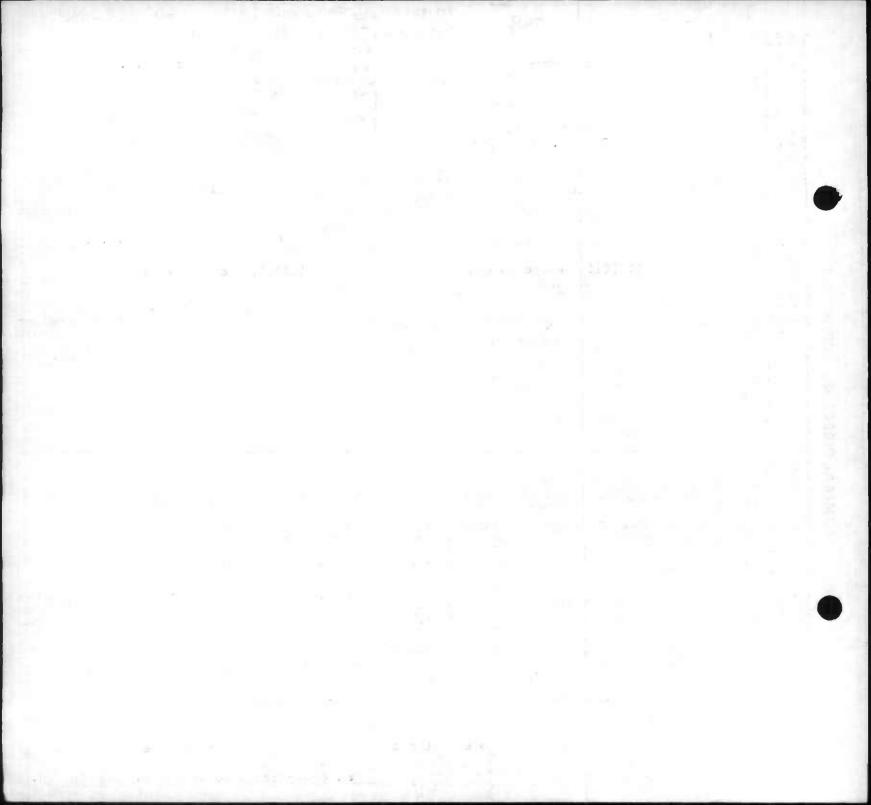
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### FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	2-12/1 114 0	±00	BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	1 0200		
1	71. 8 TH NO.	200	CERTIFICA	TE OF DEATH		1 3.363		
	pe or Printl Bowers, Gent	Low	man	2. DATE A	10/71 8:00	P.M.		
FL	PLACE IN BALTIMORE, MARYLAND, W			A. STATE unknown	ere deceased lived. Il ins NTY	sitution: residence before admission)		
II H	Mercy Hos	spital _		C. CITY OR TOWN Unknown	D. INSIC	DE CITY LIMITS?		
	37 301 St.	Paul Pi	ace	E. STREET AND NUMBER Unknown				
	Male White	7- MARRIED WIDOWED	DIVORCED X	8. DATE OF BIRTH 9/350/09	9. AGE (In years 62	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.		
dos	USUAL OCCUPATION (Give kind of work of during most of working life, even if refired) Unknown	108, KIND OF	BUSINESS OR INDUSTRY	<b>VXXXXXXXX</b>		12. CITIZEN OF WHAT COUNTRY		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	Virginia ME	U.S.A.		
	XXXXXXXX Geo	rge Bowe	ers	UKAKAKAK	<b>EX</b> Delia Ne	tter		
15.	Was Deceased Ever in U. S. Armed For s, no ar unknown) lif yes, give wor or date	ces?	1 6. SOCIAL	17. INFORMANT	Della lie	ADDRESS		
	Galanown C	s of activity	UNKNOWN	Cunningham Fu	neral Home	W. Virginia		
	18. 6 X 1		CAUSE OF DEATH	1		APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DI	RECTLY	Day		Pro (1)			
	This does not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SEVINCIVOR OF:	***************************************	acrack		
	heart failure, asthenia, etc. It means injury or camplication which caused	the disease,	00E 10, 0K A3 /	CONSEQUENCE OF:				
	ANTECEDENT CAUSES	•						
	DISEASES OR CONDITIONS, if	any, giving	(B)	A CONSEQUENCE OF:		*******************************		
	tise to the above cause (A) UNDERLYING CONDITION last	stating the	(c)					
			(0/100000000000000000000000000000000000					
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	***************************************	******************************		***************************************		
CERTIFICATIO	19A-DATE OF OPERATION 19B CON WAS PER	FORMED		20A. AUTOPSY? (Yes or N	O 208 IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?		
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomine)	218. hom etc.)	e, form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore	City, give exoct location)		
MEDI	21D. TIME IMonth) IDoy) IYeori OF INJURY IAPPROXI		INJURY OCCURRED  Not White	21F. HOW DID IN.	JURY OCCUR?			
	22. I certify that((1) (this hospital			Duby	19 1 to	SU SEDLI 19 1/		
	that (1) (we) last saw the decease	d alive an_	3/1971			an death occurred an the date		
and have and from the causes stated above (i) (We) (did) (did nat) view the bady after death.								
23A. SIGNATURE  Clared Langue To M.D. DEGREE  Attending Med. Director Phys. 9 11 7/								
	Charles bancello	tta	2	Mercy Hospi	tal			
24/	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NA	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, town, or county) (Stole)		
	Burial 9-13-71		Bowers Cemeter	y	Charleston	West Virginia		
25/	SFP 1.4 1971 Pales	258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	oks Towson,	ADDRESS		
-	100 000	1		- I MITT - GOOK - REO	oks lowson,	Inc. Towson, Md.		



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH death Such (4) Undetermined cause; (5) Deceased I NAME OF DECEASED 2. DATE AND HOUR OF DEATH uo (Type or Print) -9-7 hospital jo 4. USUAL RESIDENCE (Where deceased lived, if institution residence before 3. PLACE IN BALTIMORE MARYLAND ance mo . cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) attend C. CITY OR TOWN 0 D. INSIDE CITY LIMITS? O YES TH prior contributing E. STREET AND NUMBER occurred Ciola D 5. SFX If Under 1 Yr. 9. AGE (in years 7- MARRIED NEVER MARRIED regul deceased lost birthdoy WIDOWED A DIVORCED IDA. USUAL OCCUPATION (Give kind of workings, KIND OF BUSINESS OR INDUSTRY IT. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death E disposition done during most of working life, even if retired) NEFF, RETIRED OHIO. U. S.A. HOUSE WORK Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME assistant 15. Was Deceased Ever in U. S. Armed Forces? death 0 6. SOCIAL final (Yes, no or unknown) (If yes, give war ar dotes of service) SECURITY NO. attendance ROBERT J. EBBERT 270-10-0291 any pronounced 18. or DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. Il means the disease, gular injury or camplication which caused deoth.) ANTECEDENT CAUSES who Te 4 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the the physician UNDERLYING CONDITION Igsl. remains physician was H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Body I DISEASE OR CONDITION GIVEN IN PART I (A). the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED fore 3 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, foctory, street, affice bldg., INJURY OCCUR? where (Il in Boltimore City, give exoct location) to the hospital OZ. MEDICAL DEAYH (notify medical examined any nature; obtained 21 D. TIME 9 (Month) (Doyl (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved (except Not While (APPROXI Work and 22. I certify that (I) (this hospital) attended the deceased from ang. that (1) (we) lost sow the deceased olive on\_\_\_\_\_\_ ond that in (my) (aur) opinion death occurred on the date death) An accident of hospital ond hour and from the causes stated above, (1) (We) (did) (did not) view the body ofter death. the body was released must 23A, SIGNATURE Attending 4 10 approval Director 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior ŧ CORAZON D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATOR eceased shows: LAWN CEM, 7225 EASTERN BLUD, BA.CO., MD. Was

NO

Hours

ADDRESS

SAME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

If Under 24 Hrs.

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. pup This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner.

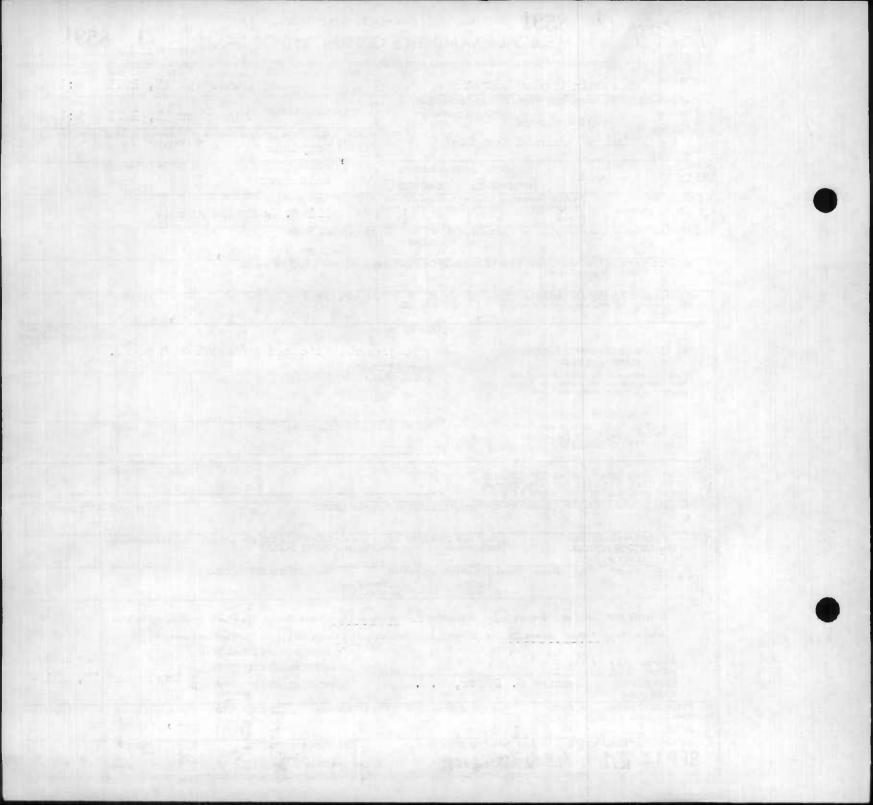
V\$ 150-REV. 1/1/68

N 2/2			BALTIMORE CITY	HEALTH DEPAI	RTMENT		74			
BIRTH NO.	71 85	590	CERTIFICA	TE OF DI	EATH	REG.	No	WESSES		
I. NAME OF DECE	ASED					ND HOUR OF	DEATH	4 8930		
(Type or Print)	JOSE PHINE		DECKRET			tember 8		1.   9:00 P. M		
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD		B. COU	ere deceosed li	red. If institu	ution: residence before admission)		
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md.				.102		
NOTIUTITEN	3116 Foste	r Ave.		c, CITY OR TOW				CITY LIMITS?		
00	Baltimore	, 21224	4, Md.	E. STREET AND	NUMBER		10	140		
				3116 F	oster	Ave. #	21224			
	6. RACE		NEVER MARRIED	8. DATE OF BIRT		9. AGE (In ye	ors II	Under 1 Yr. if Under 24 Hrs.		
Female	White	WIDOWED	DIVORCED DIVORCED DIVORCED	Mar. 2,1	884		87			
done during most of w	orking life, even if retired)	IOE KIND OF	BOSINESS OK INDOSIKI	II. BIRTHPLACE	(Stote or lor	eign country)	11	2. CITIZEN OF WHAT COUNTRY		
Ret:	ired	Ho	ouse Work.			, Md.		U.S.A.		
I TAINER'S NAM				14. MOTHER'S A						
15 Was Deceased	Jacob Remle		1 6. SOCIAL	17 111-000111	Mai	ry Salzi	g•			
(Yes, no or unknown)	(II yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT				ADDRESS		
No. 18.				Caroline	E. De	eckret		Same		
	OR CONDITION DIR	ECTI V	CAUSE OF DEATH	1			,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
1	EADING TO DEATH		AND INVESTIGATE CALL	. Com	~	Haml	2240			
iThis does no heart failure, a	I mean the made of	dying, e.g.,	(A) IMMEDIATE CAU DUE TO, OR AS A	CONSEQUENCE	OF:	***************************************				
injury or comp	heart tailure, astherio, etc. It means the disease, injury or complication which caused death.)									
	NTECEDENT CAUSES		(B) Jen	ullys	1 6	X 75	P.			
DISEASES OF	CONDITIONS, if cobove cause (A)	ny, giving	DUE TO, OR AS	A CONSEQUENCE	OF:					
	CONDITION lost.	storing the	(C)	*******************************						
z	11				- <u>-</u>					
TO THE DEATH	ANT CONDITIONS COL	E TERMINAL								
19A. DATE OF	NOTION GIVEN IN PART	DITION FOR V	WHICH OPERATION	20A. AUTOPSY	? (Yes or N	o) 208, IF YES.	WERE FIND	INGS CONSIDERED		
19A. DATE OF C	WAS PERF					IN CERTIFY	NG CAUSES	INGS CONSIDERED S OF DEATH?		
OP CONTRIBUT	WAS UNDERLYING THE	218, hom	PLACE OF INJURY (e.g., In	or obout 21 C. WH	ERE DID	(II In	Boltimore Cil	ly, give exect location)		
DEATH (notify n	nedicol exomined	etc.)								
S OF INJURY	Month) (Doy) (Year)	i	INJURY OCCURRED		W DID IN.	JURY OCCUR?				
(APPROX.)		Wor	ile At Not While				Λ			
	hat (1) (this hospital)		ne deceased from	nn		196 9 to_	Je.	7 19 //		
	ast saw the decease		Jen	19		nat In(my) (a	ır) apinian	death accurred on the date		
and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.										
23A. SIGNATUR	THA	1	MASIAMO	ding Me	4 -	C1-# ===	238	L DATE SIGNED		
23C PHYSICIAN	1 10	mar	OEGREE Phys.	Din	ector L	Phys.		9/10/11		
23C. PHYSICIAN NAME (Typ				3D. ADDRESS				//		
24A. BURIAL CREM	ATION 248 DATE		DMAN OEGREE	9 S. Hie				21224,Md.		
REMOVAL (Sp	ecity)		ME of CEMETERY of CRE		24D. L	OCATION	(City, to	own, or county) (State)		
Bur 25A. DATE REC'D B	alle alle	HC HC	PE REGISTRAL		44:	O Belai	r Rd.	Balto Md.		
SEP 14 T	March E.	Janey!	MD O	25C FUNERAL	PURECTO	/ 901	S. Co	nkling St.		
VIII JUST IN	71			THE MAN TO	14 19	Ted L	to.,21	L64,MQ.		

901 S. Conkling St.

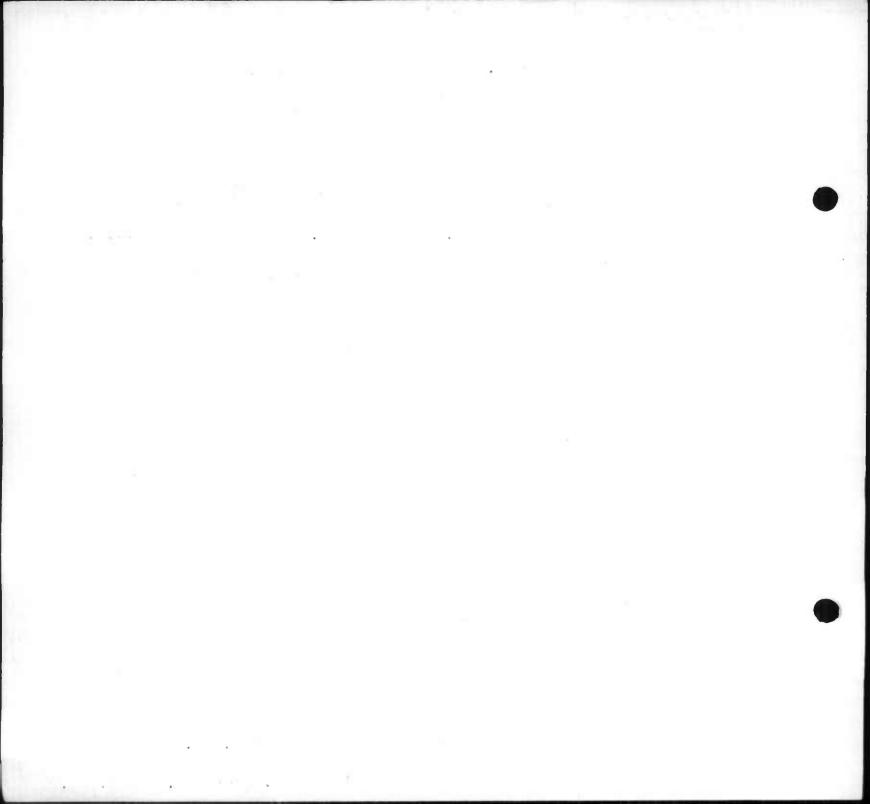
a final and the second \* = : 

1. NAME OF DECEASED		Pret low	2. DATE OF DEATH REG. NO. September 12, 1971 4:	10 AM
4. PLACE IN BALTIMOR	RE, MARYLAND, WHERE PRO (IF NOT IN HOSPITAL OR INSTI ADDRESS OR LOCATION)	ONOUNCED DEAD	3. DATE Month Day Yeor Hour	10 AM
NOR INSTITUTION	ion Memorial Ho		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before at A. STATE Maryland B. COUNTY	imission)
	lored		C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES X NO	
9. DATE OF BIRTH 1/2/19	52	# Under 1 Yr. II Under 24 Hrs. Months 1 Doys + Hours 1 Min.	E. STREET AND NUMBER  331 E. Lorraine Avenue	
Virginia	a	WHAT COUNTRY?	John Pretlow, Sr	
Laborer Laborer	lile, even if retired)		15. MOTHER'S MAIDEN NAME	
Id. WAS DECEASED EVE (Yes, no or unknown) (II yes, YES	ER IN U.S. ARMED FORCES?	? I7. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS Mrs Lugenia Pretlow, same	
(This does not meet heart follure, esthern injury or complication of the second of the	CONDITION DIRECTLY NG TO DEATH on the mode of dying, e.g., only eit. It meons the disease, on which coused death.)  DENT CAUSES NDITIONS, IF ANY, GIVING YE CAUSE (A) STATING THE ONDITION LAST.  IT CONDITIONS CONTRIBUTION TO THE TERMINATION THE TERMINATION THE TERMINATION THE TERMINATION TO THE TERMINATION THE TERMINATION TO THE TERMINATION TO THE TERMINATION THE TERMINA	(A)IMMEDIATE C. DUETO, OR A  (B) DUE TO, OR A  (C)	Osclerotic cardiovascular disease.  AUSE S A CONSEQUENCE OF: US A CONSEQUENCE OF:	
20A. DATE OF OPERA	ATION 208. CONDITION F	FOR WHICH OPERATION WA	yes	es or No)
0			The Land Control of the Control of t	
22A. EXTERNAL CA UNIDERLYING TO OR UTING CAUSE OF	CONTRIB-		n or obout 22C. WHERE DID (If in Baltimore City, give exact location) bidg., etc.)	
222A. EXTERNAL CA UNDERLYING CONTROL OF UTING CAUSE OF 22D. TIME (Month) OF INJURY (APPROX.)	F DEATH.  (Doy) (Year) (Hour)	22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	-
22A. EXTERNAL CALL UNDERLYING COR UTING CAUSE OF 22D. TIME (Month) OF INJURY (APPROX.)  23.  I certify the resulted fro  ACTUAL SIGNATURE EXAMINER'S	CONTRIB- F DEATH.  (Doy) (Year) (Hour)  at I held an Inquiry  m: Natural causes	22E.INJURY OCCURRED.   WHILE AT   NOT WORK   AT WO     Inspection   Automotion   Automotion   Suicide	22F. HOW DID INJURY OCCUR?  WHILE  apsy  and that on this basis, death in my opinion  Homicide  Undetermined manner  Deputy CHIEF MEDICAL EXAMINER   DATE S	
22A. EXTERNAL CA UNDERLYING SOR UTING CAUSE OF 22D. TIME (Month) OF INJURY (APPROX.)  23.  I certify the resulted fro	CONTRIB- F DEATH.  (Doy) (Year) (Hour)  at I held an Inquiry  m: Natural causes X  Werner U.  N, 248. DATE  9/16/71	22E.INJURY OCCURRED  WHILE AT NOTY WORK AT WO  Inspection Auto	22F. HOW DID INJURY OCCUR?  Depay  and that on this basis, death in my opinion  Deputy CHIEF MEDICAL EXAMINER  DATE S  ASSISTANT MEDICAL EXAMINER  September 12, 1  OF CREMATORY  24D. LOCATION  (City, town, or county) (Baltimore, Md	



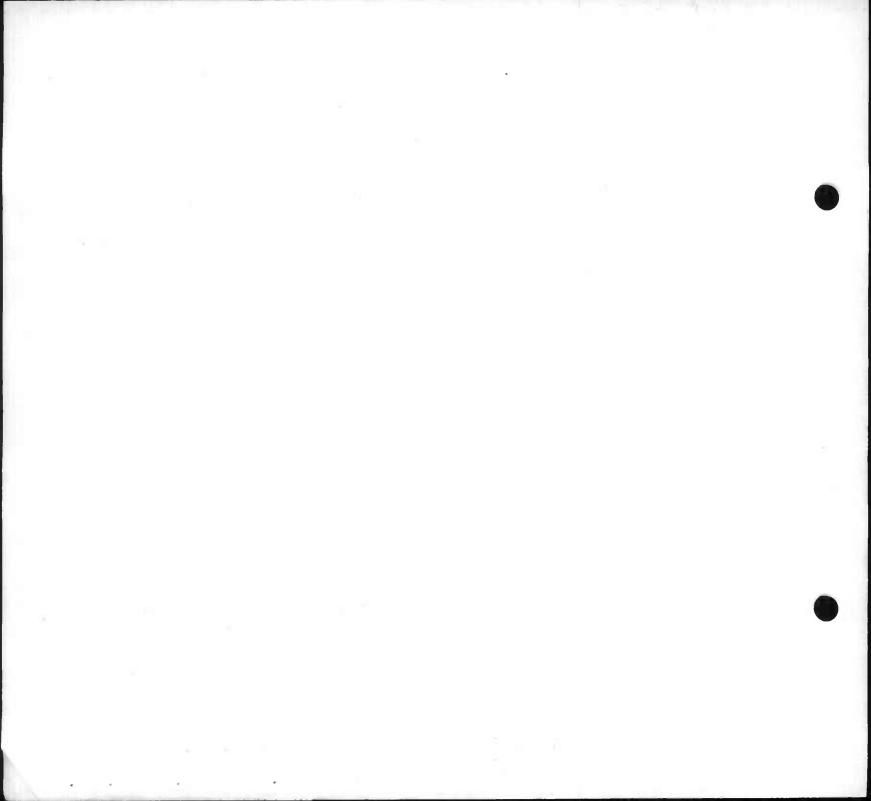
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ssistant if death occurred in a hospital and the direct or contributing cause of death r kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the nce on the deceased prior to death. Such final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

1	Z-30	0,1	8598	2	BALTIMORE CITY CERTIFICA			REG. NO	71	8592	
1,1	IAME OF DEC				T./I			D HOUR OF DEATH			
			Doro					. 12, 197			M.
3.	PLACE IN BAL	TIMORE MA	ARYLAND, W	HERE PRO	NOUNCED DEAD	4. USUAL A. STATE	RESIDENCE (When	e deceased lived. If in	stitution: re	sidence befare a	dmission)
Ho	LL NAME OF SPITAL OR STITUTION	(IF NOT	I IN HOSPIT	AL OR IN	STITUTION, GIVE STREET	Ma c, CITY O	ryland	Cyl -	DE CITY LI	-45-1	300
la,	-5					11	aryland		YES 🔀	NO 🗌	
		Samar	itan			<u> </u>		dale Road			
5. \$	F	6. RACE		WIDOV		9-15	-18	AGE In years leek orthdoy)	If Under Months	Doys Hours	Min.
10A	USUAL OCCU	UPATION (Giv	e kind of work	108. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHP	LACE (Stote or forei	gn country)	12. CITI2	ZEN OF WHAT C	OUNTRY?
0011	Cleri	_		lebov	Bros.	]	VId.		U.	S.A.	
13.	FATHER'S NA					14. MOTH	ER'S MAIDEN NAA	AE			
	John G	raber					ie 🗚 St				
15.	Was Deceased	Ever in U. S	Armed For	ces?	1 6. SOCIAL	17. INFORA		UTOHSKY		ADDRESS	
(Ye:	, no or unknown)	Of yes, give	wor or date	s of Servi	SECURITY NO.					ADDRESS	
_	no	0			217-09-824		ospital (	Chart			
١.	18.				CAUSE OF DEAT	Н				APPROXIMATE IN	
		LEADING T		RECTLY		Ade	nocarcine	oma of ute	rus	6 vear	S
	(This does n	of mean the asthenia, etc	e mode af	the dise	P.g., (A) IMMEDIATE CAL DUE TO, OR AS	SE					
	injury or cam			death.)					- 4		
		ANTECEDEN			(B)						
	DISEASES O	abave c	ause (A)	any, giv stating	ing (B)DUE TO, OR AS	A CONSEQ	UENCE OF:				
		П									
CERTIFICATION	OTHER SIGNIF	H BUT NOT RE	ELATED TO TH	E TERMIN	NG AL	************	**********************			***************	
RTIFIC	0		WAS PERF	ORMED	DR WHICH OPERATION	NO.	TOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS ISES OF D	CONSIDERED DEATH?	
اسا	21A ACCIDEN OR CONTRIBU DEATH (notify	TING CAL	DERLYING USE OF		21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of elc.)	n or obout 21 fice bldg., It	C. WHERE DID	(If In Boltimore	City, give	exact location)	
ō	21 D. TIME OF INJURY	(Month)	oy) (Year)	(NoH)	21E INJURY OCCURRED	21	F. HOW DID INJU	JRY OCCUR?			-
	(APPROX.)				While At Not While Not Work	. 🗆					
						<del>-8-7</del> ]		9to9_1		19	
					9-12-71	19	ond the	it in (my) (our) opin	ton deoi	h accurred on t	the date
			ouses stat	ed abave	. (1) (We) (did) (did not) v	lew the bo	dy ofter death.				
	23A. SIGNATU	RE	0/	70					23 B. DATE		
	V	noba	el 60	lon	in MID DEGREE Phys	nding _		Shaff Phys.	Ser	ot. 12,	1971
	NAME (T)	pel Wich	nael C	olvi	n, M.D.	GOC		tan Hospi	tal	-	
	BURIAL CREA		B. DATE		NAME of CEMETERY OF CRE	MATORY	24D. LO	CATION (Cit	y, lawn, or	county)	(Stote)
	Buria		/14./7		Holy Redeemer			lto. Md.	7.11		
25A	DATE REC'D		DEPT.		AE OF REGISTRAR			200 - 170 -		ADDRESS	
	SED 1 A		Robert E			4 4 4	NERAL DIRECTOR	T) 1	** 5	ADDRESS	
VS.	150-REV. 1/1/6		LOCAL E	, val	May M. U.	Le	onard J.	Ruck Inc.	Bal	to. Md.	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-52571 8593		TE OF DEATH	REG. NO	71 8593
(Type or Print) Johnson, Rose M.			ot. 11, 19	71
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE  FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		A USUAL PESIDENCE INTO	Baltimore	stitution: residence before admission)
Good Samaritan Hospital		Baltimore E. STREET AND NUMBER 2930 Summi		YES NO TO
White WIDOWED	NEVER MARRIED DIVORCED	11-10-23	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS done during most of working life, even if relired) Housewife & Giant Hood ouse: 13. FATHER'S NAME		11. BIRTHPLACE (Stote or fore Maryland 14. MOTHER'S MAIDEN NAM	2	12. CITIZEN OF WHAT COUNTRY
Jerry Iacarino		Mary Ti		
15. Wos Deceosed Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wer or dotes of service)  16.	SOCIAL SECURITY NO. 17-12-7452	Hospital (	Chart	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., head foilure, asthenio, etc. It means the disease, injury or complication which caused death.)	(A) IMMEDIATE CAU	Reticulum Co	ell Sarcom	approximate interval BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse IA) stating the UNDERLYING CONDITION last.	(B)(C)	A CONSEQUENCE OF:		
198. CONDITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTINO CAUSE OF home, for DEATH (notify medical examined	E OF INJURY (e.g., in m, foctory, street, offi	or about 21 C. WHERE DID co bldg., INJURY OCCUR?	(If In Boltimore	City, give exect locotion)
(APPROX.) While At	At Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (1) (this hospital) offended the de that (1) (we) last saw the deceased alive an	-11-71	19and tha	9ta9_ tin(SSS) (our) opin	11-71 19 Ian deoth occurred on the date
and haur and from the causes stated obove. (f) (We 23A. SIGNATURE  Michael Olvin, 1  23C. PHYSICIAN'S NAME (Type) Michael Colvin, M	Attenion Phys.	ew the body ofter death.	Shaff M	23 B. DATE SIGNED 9-11-71
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of Burial 9/15/71 Holy	OEGREE OF CEMETERY OF CREA	AATORY 24D. LO		, lown, or county) (Stote)
SEP 14 1971 Robert E. Jaille VS 150-REV. 1/1/68	GISTRAR	Leonard J.		Balto. Md.



approved

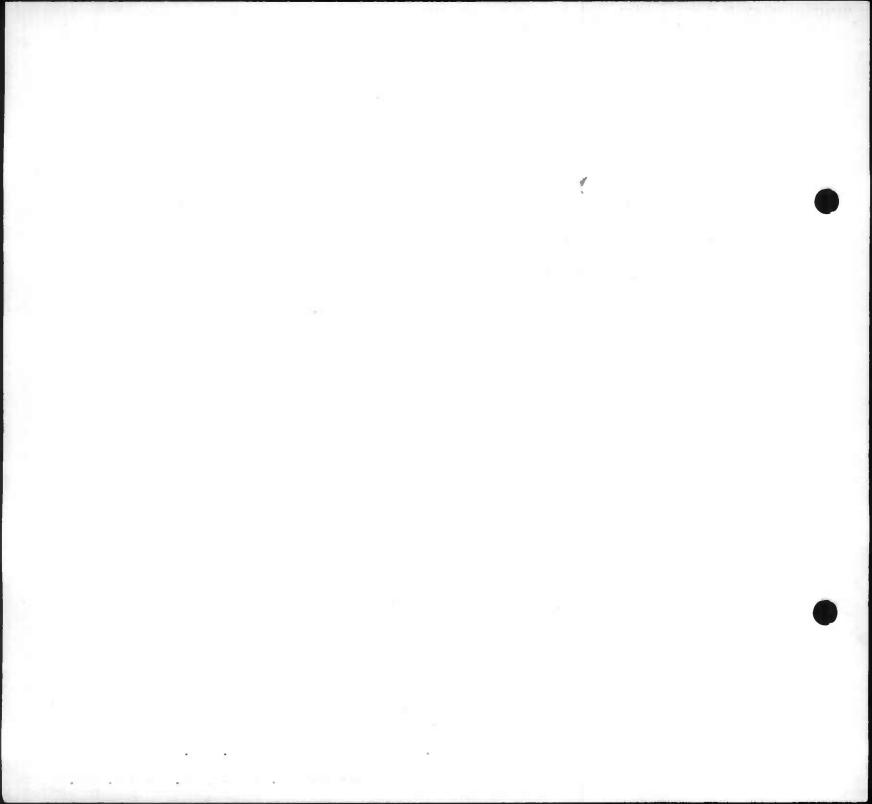
hospital

0

occurred

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such of death etermined cause; (5) Deceased BIRTH NO I. NAME OF DECEASED 2. DAJE AND HOUR OF DEATH (Type or Print) 0 Arthur P. Wheeler 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence attendance cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Md. C. CITY OR TOWN 0 D. INSIDE CITY LIMITS? Baltimore YESX NOF prior contributing Johns Hopkins Hosp. E. STREET AND NUMBER regular 9. AGE (In years lost birthdoy) 70 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED ma deceased If Under 1 Yr. Months! Doys If Under 24 Hrs. Μ. WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? <u>=</u> isposition done during most of working life, even if retired) Und Machinist Md. USA Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME 3 Arthur B. Wheeler Ethel Promrose eath LO T 15. Was Deceased Ever in U. S. Armod Forcas? (Yas, no or unknown!) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS or final SECURITY NO. attendance no T 5-03-1881 Mrs. Marion M. Wheeler same any pronounced APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY fracture of embalmed (A) IMMEDIATE CAUSE Coronary Occlusion LEADING TO DEATH 1 hour (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES Arteriosclerotic cardiovascular disease 10 years are 4 DISEASES OR CONDITIONS, if ony, giving DUE TO. OR AS A CONSEQUENCE OF rise to the above couse (A) stoling the the physician UNDERLYING CONDITION lost remains Was An accident of any nature; (2) Body burns; Н CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician Gout TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) before the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yos or No!) 208, IF YES, WERE FINDINGS CONSIDERED 0 IN CERTIFYING CAUSES OF DEATH? 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, stroot, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) to the hospital MEDICAL DEATH (notily medical examined) obtained 21D. TIME (except w (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) 1960 August that (I) (we) last saw the deceased alive on August 30. pe and that in (my) (\$5%) Copinion death occurred on the date hospital death) the body was released shows: (1) An accident and hour and from the couses stated above. (1) (NS) (did) (He not) view the body after death. must 23A SIGNATURE 23 B, DATE SIGNED Attending 3 0 Director \_\_\_ approval 11 Sept. 1971 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at Millard 1811 aband N. Rolling D.O.A. Road Catonsville. deceased paritten ap 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION Loudon Park 258. NAME OF REGISTRAR Bal timore. Md. Was 25A. DATE REC'D BY HEALTH DEPL ADDRESS VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH the t if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased 1. NAME OF DECEASED DATE AND HOUR OF DEATH (Type or Print) O 0 Jer 10 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, II institution; residence before odmission)
A. STATE
B. COUNTY ance B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ō 0 D. INSIDE CITY LIMITS? atten YES X NO prior E. STREET AND NUMBER made. regular 5. SEX 6. RACE deceased 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months: Doys 9. AGE (In years Il Under 24 Hrs. Hours i Min. lost birthdoy Hours WIDOWED 🔀 DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired} = Tool & Die Maker Mari SD 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME 3 William Henry Boesche Wilhelmina Miller eath 0 15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 1 6. SOCIAL 17. INFORMANT final ADDRESS SECURITY NO. attendance No Mrs. Beatrice Canter 3605 Loch Raven T 215-05-632 any pronounced 18. 0 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY mbalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: ular hearl foilure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES regi who 0 are 4 DISEASES OR CONDITIONS, if ony, giving 3 rise to the obove couse (A) physician UNDERLYING CONDITION lost the remains MOS 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body the 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198 CONDITION FOR WHICH OPERATION 0 WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exact location) to the hospital MEDICAL DEATH (notify medical examiner) any nature; obtained 21D. TIME 9 (Dayl (Year) (Month) (Havel 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY approved (except While At Not While (APPROX.) and Work At Work 22. I certify that (I) (this hospital) attended the deceased fram Ducous pe that (1) (we) last saw the deceased alive an 🔾 of and that In (my) (aur) apinion death accurred an the date hospital death) and haur and from the causes stated above. (1) (\(\frac{\pmaintmath{\pmaintmath{\mathbf{m}}}}{\pmaintmath{\mathbf{m}}}\) view the body after death. was released must An accident 23 B. DATE SIGNED Attending | 0 Kla approval Phys. Director 9 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Type D.O.A. 24A, BURIAL CREMATION, deceased 24C. NAME of CEMETERY OF CREMATORY 24B. DATE 24D. LOCATION REMOVAL (Specify) shows: Loudon Balto. Md. 258 MAME OF REGISTRAR 25C. FUNERAL DIRECTOR Lebnard J. Ruck Inc. Balto. VS 150-REV. 1/1/68



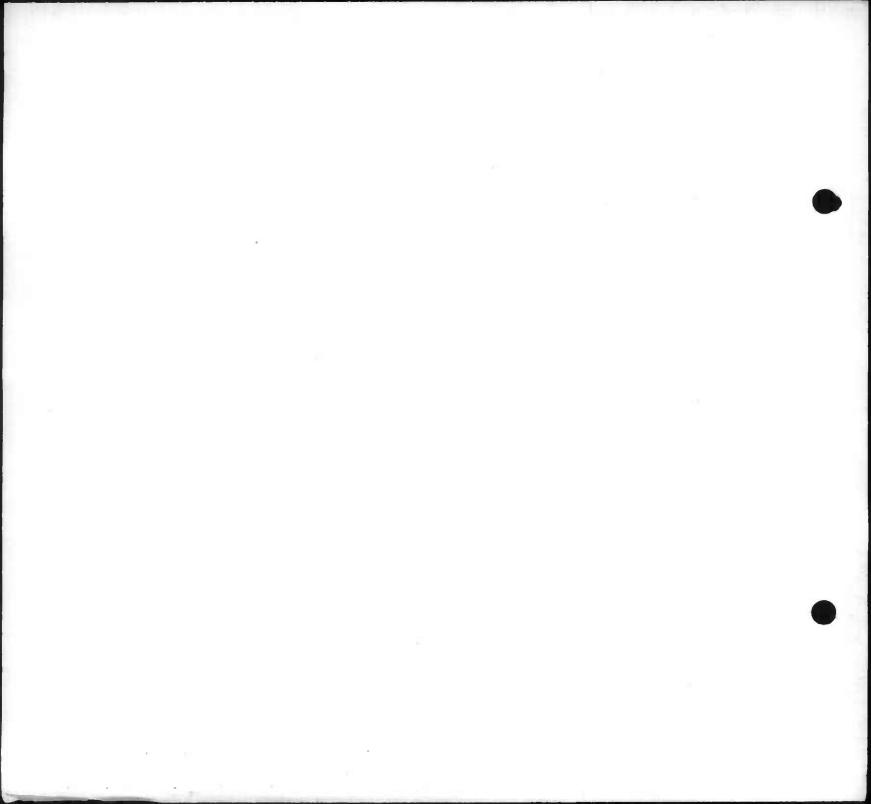
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	T -n	/		BALTIMORE CITY	HEALTH DEPARTMENT	1914	
BIR	1-529 TH NO.		3596	CERTIFICA	TE OF DEATH	REG. NO.	8596
	AME OF DECE	ASED ELVIN ID	WARD	TOWNSLEY	9/12	2/1971 - 11:404	М м.
3. 1	PLACE IN BALT	MORE MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If institution	n: residence before admission)
FU HO IN S	LL NAME OF			UTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
	Union	MEMORIA	W NOS	SPITAL	BALTIMOR	E YES	NO 🗌
- C	+33RD BAL	- CALVER		218	2300 HAL	FORD RO.	40
5. S	MALE	white	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9/18/05	9. AGE (In years If United birthdoy) Mont	nder 1 Yr. II Under 24 Hrs. hs Doys Hours Min.
104	USUAL OCCU	PATION (Give kind of wor			11. BIRTHPLACE (State or fore	rign countryl 12. C	CITIZEN OF WHAT COUNTRY?
		orking life, even if refired) inglineer	-		MARYLAN		INITED STATE
13.	hacles	E Town	USLEV	/	MARY VIR	ME COINIA DAI	ILEY
15.	Wos Deceased	Ever in U. S. Armed Fo- (If yes, give war ar dote	rees?	16 SOCIAL	17. INFORMANT		AODRESS
	nknown	ur yes, give war ar aci	IS OF SCIVICGE	SECURITY NO. 219-01-5357	Mrs. Wanda Ki	dwell 22 Lower (	Gate Ct.
	18.	5 1		CAUSE OF DEATH			APPROXIMATE INTERVAL
		OR CONDITION D	RECTLY				BETWEEN ONSET AND DEATH
		EADING TO DEATH It mean the mode of	duine on	(A) IMMEDIATE CAU	SE		
	heart failure, c	isthenia, etc. It means	the discose		A CONSEQUENCE OF:	t. t.	
		lication which coused NTECEDENT CAUSES		±xten &1	ce colon co	ucer metastase	0
				(B)	A CONSEQUENCE OF:		
	rise to the	R CONDITIONS, if above cause (A)		502 10, 011 14	A SONGEGOENCE ON		
	UNDERLYING	CONDITION last		(c)			
HON	OTHER SIGNIFICATION	II CANT CONDITIONS CO	NTRIBUTING				
	IO INC DEAT	BUT NOT RELATED TO 1	UE IEKWILIAYP				
TIFICA	DISEASE OR CO	OPERATION 198 CON WAS PER	IT I (A). IDITION FOR FORMED	WHICH OPERATION	20A AUTOPST? (Yes or N	o) 208, IF YES, WERE FINDIN	GS CONSIDERED OF DEATH?
CERTIFICATION	19A. DATE OF	OPERATION 198 CON WAS BEE	IDITION FOR	aucer Eplace OF INJURY (a.g., li	n of obout 21 C. WHERE DID	o) 208, IF YES, WERE FINDIN IN CERTIFYING CAUSES C	
- 1	19A-DATE OF  21A-ACCIDEN OR CONTRIBU	OPERATION 198 CON WAS PER	IDITION FOR	EPLACE OF INJURY (e.g., in no, form, factory, street, of			
- 1	DISEASE OR CO	OPERATION GIVEN IN PAI OPERATION 19% CON WAS PER T WAS UNDERLYING [ TIMO CAUSE OF	RT 1 (A). IDITION FOR FORMED  LOW  211 Hore etc	Caucha B. PLACE OF INJURY (e.g., in me, form, foctory, street, of J. INJURY OCCURRED	n or obout 21 G. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore City,	
CAL	21A. A CCIDEN OR CONTRIBUT DEATH Inetity 21D. TIME	T WAS UNDERLYING TIME CAUSE OF medical examined	RT 1 (A). IDITION FOR FORMED LOW 211 Horriete (Hous) 218	CALCE OF INJURY (a.g., in na, form, foctory, street, of	n or obout 21 G. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore City,	
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WEDICAL	DISEASE OR CO 19A-DATE OF 21A-ACCIDEN OR CONTRIBU' DEATH Inosity 21D-TIME OF INJURY IAPPROXI 22. I certify: that (I) (we) and hour and 23A-SIGNATUR 23C-PHYSICIAL NAME (T) RONA CERA	INDITION GIVEN IN PAI OPERATION 198 CON WAS EST T WAS UNDERLYING TING CAUSE OF medical examined  (Month) (Day) (Year) that (1) (this hospital last sow the decease fram the causes sta	I) attended and other on_	Replace OF INJURY (e.g., in me, form, foctory, street, of a street, of	n or obout 21 C. WHERE DID fice bidg. INJURY OCCUR?  21 F. HOW DID IN.  19 7 and the law the bady after death.  Inding Med. Director Direc	(If in Boltimore City,  JURY OCCUR?  19 1 ta 9  hat in (my) (our) opinion d  Shoff Phys. 238. E  Calvell (City, tow  Balto. Md.	give exoct locotion)  12 19 71  leath accurred on the date  DATE SIGNED  9/12/1971  Balto MD  n, or county) (State)



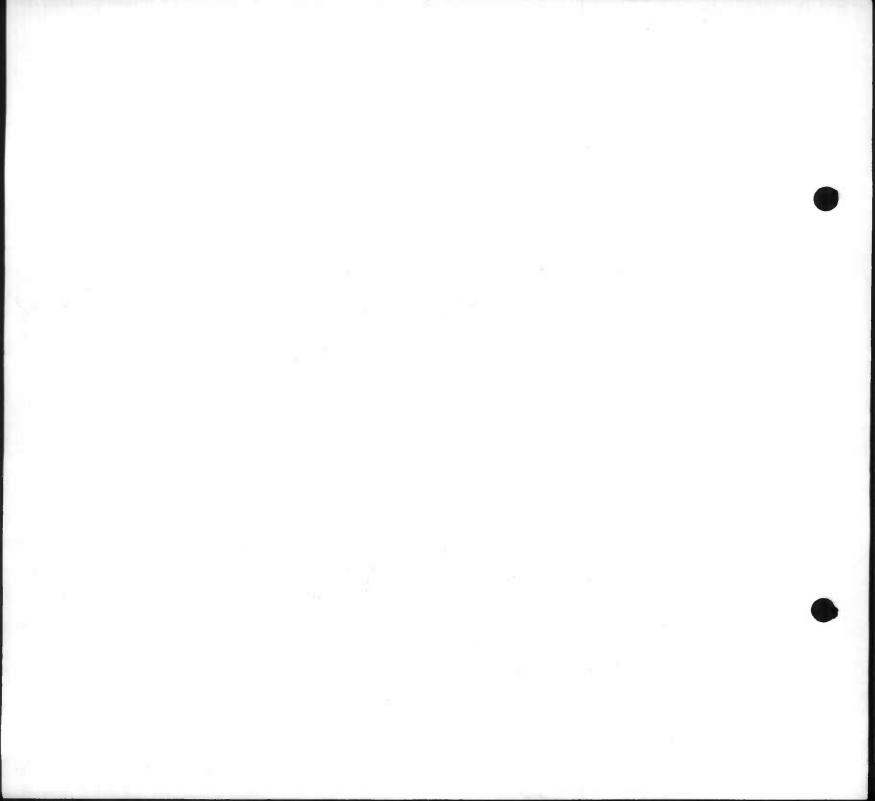
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( -550) BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 71 8597 CERTIFICA	ATE OF DEATH REG. No. 71 8507
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
MRS. IEARL L. CANNON	9-12-71 110:45 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission B. COUNTY
HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Mb. CHY 2714
17	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARYLAND GENERAL HOSP.	E. STREET AND NUMBER
10827 LINDEN AVE.	4223 HICKORY AVE.
6. RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF SIRTH 9. AGE (In years lost birthdoy) 11 Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife	Atab Del. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Langford	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
15. Wos Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give war or doles of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO - 215-09-3856	-8 (Admission Papers)
18. CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CARRIAG STANNETILL 15
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
injury ar camplication which caused death.)	3.
ANTECEDENT CAUSES (B) ACUT	E CARDIAC DECOMPENSATION XLMO.
rise to the abave cause (A) stating the	A CONSEQUENCE OF: WITH CHE
UNDERLYING CONDITION last. (c)	CVD ~ 10 yrs.
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	3 6
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	E) ADURT ONSET D.M.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NO
OR CONTRIBUTING CAUSE OF home, form, foctory, street, or DEATH (notify medical examiner)	fire bldg INJURY OCCUR? (If In Boltimore City, give exact location)
Q 21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	
(APPROX.) While At Not While	21F. HOW DID INJURY OCCUR?
TOTAL - AT WORK	
22. I certify that (I) (this haspital) attended the deceased from that ₹Q (we) last saw the deceased alive on ? / ≥	3-32 19 71 to 9-12 19 71
and have and from the causes stated above. (E) (We) (dld) (dtd-net)	19and that in(my) (Suc) opinion death occurred on the date
23A. SIGNATURE	23B, DATE SIGNED
	nding Med. Shoff Ted
22C MARKET AND	23 D. ADDRESS
HENRY G. SALKS	827 LINDEN AVE., /MD. GEN. HO
REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
Burial 9/15/71 North East Met	
SEP 14 1971 See & Valley M. D.	25C, TUNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/68	Leonard J. Muck Inc. Balto. Md.



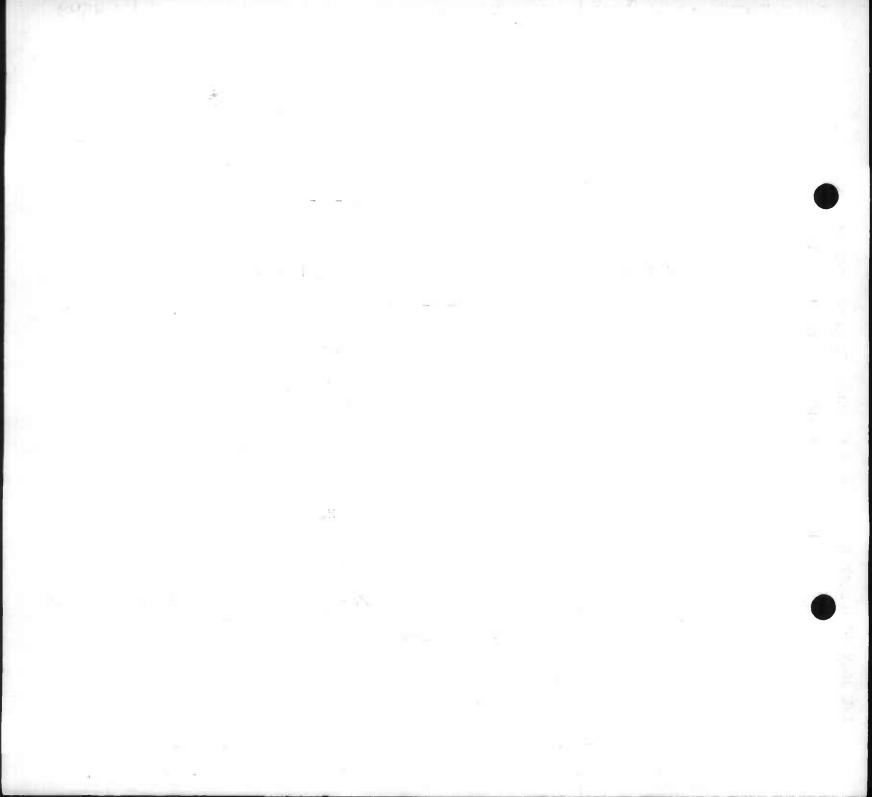
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH (5) Deceased Such death I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admiss attendance B. COUNTY CGUSe FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN etermined cause; 0 D. INSIDE CITY LIMITS? YES 🗔 NO emore prior contributing E. STREET AND NUMBER is made. in regular 5. SEX 6. RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months! Doys If Under 24 Hrs. deceased WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State 2. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) Dud OT XABORON Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 3 death 0 15. Wes Decessed Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) or final SECURITY NO. attendance 654 any DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not meen the mode of dying, heard failure, astherio, etc. Il means the disease, injury or complication which coused death.) pronounced 18. GAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH jo embalmed fracture DUE TO, OR AS A CONSEQUENCE OF: regular injury or camplication which coused death.) ANTECEDENT CAUSES who Gre DISEASES OR CONDITIONS, if any, DUE TO, OR AS A CONSEQUENCE OF: giving rise to the obove couse (A) where the physician UNDERLYING CONDITION lost before the remains the chief medical burns; No physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) to the hospital MEDICAL 306 DEATH Inotify medical examined nature; No obtained 21 D. TIME OF INJURY [Month] (Doy) (Year) (Hour) 21E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved (except Not While While At (APPROX) and any 22. I certify that (1) (this hospital) attended the deceased from must be that (1) (we) last saw the deceased alive an and that In(my) (our) opinion death accurred on the date of death) hospital and have and from the causes stated above. (1) (We) (dld) (dld nat) view the body after death. accident 23A. SIGNATURE 23 B. DATE SIGNED Attending [ Med. 0 Staff approval Director 8 23C. PHYSICIAN'S NAME (Type) prior 23 D. ADDRESS ata he body was D.O.A. 24A. BURIAL CREMATION, 248. DATE eceased 24D. LOCATION [City; town, or county) REMOVAL ISpecily as



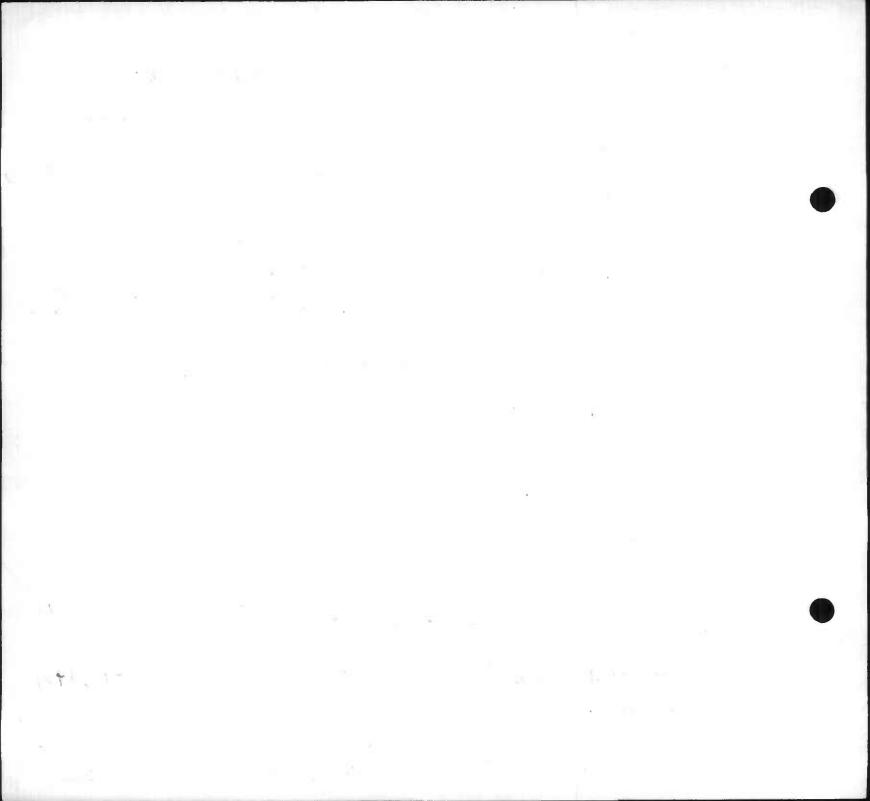
3 , 1	-	T-656	71	8599	BALTIMORE CITY CERTIFICA			REG. NO.	71	8599	,
and and ased the the	BI	RTH NO.		,	CLKTIFICA	IL OF					
S. S. S.	(Ť	ype or Print)	5 / -	1	,		2. DATE AL	NO HOUR OF DEAT	н	10 56	60
2 - = = = = = =	3.	PLACE IN BALTIA	ORE MARYLAND W	HERE PRONOU	INCED DEAD	IIA HISHAL B	SESIDENCE (SVL	ere deceased lived. If		7	VM
Spi ospi			WILLIAMS, W	HERE PROMOU	INCED DEAD	A. STATE	8. COU	NTY	institution; res	idence before a	dmission)
Q 8 9 E P	H	JLL NAME OF OSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	MAR				100	304
L Cau	II,	ISTITUTION	us Hopkin	5 HOS	pital	C. CITY OR	TOWN	D. IN	ISIDE CITY LIN		
S 2 in ing cau	71.	60/N.	Brondway	(	l	E. STREET A	ND NUMBER	ree	YES	NO	
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1 - 2 0 0 0	5.	SEX 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH	9. AGE (In years	If Under	1 Yr. If tinde	r 24 Hrs.
2 2 2 2 2 2 2		M	A/	WIDOWED	DIVORCED	06 4	d. 20	last birthdoy)	Months D	Pays Hours	Min.
		A. USUAL OCCUPA	TION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLA	4-20 CE (State or fore	51	12. CITIZE	N OF WHAT C	CUNTRY
dec in indep	do	ne during most of war	king life, even if retired)					,			o o o o o o o o o o o o o o o o o o o
B d d d d d d d d d d d d d d d d d d d	13	FATHER'S NAME	Operator	Ba It	o City		ginia 'S MAIDEN NA	145			
Q 11 0 0 2 E 0						14. MOTHER	MAIDEN NA	ME			
direction of the second of the	15	HARVEY	FURNER or in U. S. Armed Fore			MO	LLIE ED	VARDS			
S O S O E O D	(Ye	s, no or unknown) (If	yes, give wor or date:	s of service)	16. SOCIAL SECURITY NO.	17. INFORMA	ANT		A	ADDRESS	
- BY (EX) - E (E		Yes	WWII		227-12-0461	Elair	ne Turne	er 2827 E	. Chas	e Stree	et
		18. 47	XI		CAUSE OF DEATH	1			1 1 1 1	APPROXIMATE IN	ITERV AL
2500 - 500		DISEASE	OR CONDITION DIR	ECTLY		Reco	21,20 70.1	y Arreit		THEET CHOCK A	no deam
Als Als			mean the made of	dving. e.g.	(A) IMMEDIATE CAU			y moul	(4/0)-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		heart failure, ast	henia, etc. fl means	the disease,	DUE IO, OR AS A	A CONSEQUE	NCE OF:	1	/		
FLEA TOR SAL SAL SAL SINGE Fract o Pr			TECEDENT CAUSES	0421111		9-	100/1	sema.	- 1		
CTO CTO CTO CTO CA CA CA CA CA CA CA CA CA CA CA CA CA			CONDITIONS, if	unu nivinn	DUE TO, OR AS	A CONSEQUE	ENCE DE	26 MG			
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DIR Cale al es al es s; (3)		UNDERLYING C	ONDITION last.		(c)			*******************************			******
AL DI THE Medical ledical burns; hysicia in was	z	OTHER SIGNISIS		ITO:DITT: LO							
AS ME ME PROPERTY	CERTIFICATION	TO THE DEATH B	NT CONDITIONS CON	E TERMINAL							
FUNER HAS TZ OF T 100 Med med to the physician ore the physician	ည	19A. DATE OF OP	ERATION 198 CON	OTTON FOR W	HICH OPERATION	20A. AUTO	OPSY? (Yes or No	208. IF YES, WERE	FINDINGS C	ONSIDERED	
S T P S S S S S S S S S S S S S S S S S		0	WAS PERF	ORMED			0	IN CERTIFYING C.	AUSES OF DE	ATH?	
FURNER FUN PURCH Sythe Ch (ral by e; (2) Bo (here the			WAS UNDERLYING T	21B, P	LACE OF INJURY (e.g., in lorm, loctory, street, off	4-5		(II In Boltime	ore City, give	exact location)	
上 ニー・カーフェ	정	DEATH (notily me	dical examined	etc.)	, long lociory, sheet on	ice biog., INJ	OKI OCCOK:				
שבי א ביים	000		onth) (Day) (Year)		NJURY OCCURRED	21 F.	HOW DID IN	URY OCCUR?			
DE RT roved he hospy naturated (6) btained	2	(APPROX.)		While	At Work						
00 - 2 2 2 2 5 5 5 5		22. I certify the	t 🕷 (this hospital)			11-	10	10/9.	27/11		71
RO apple fan			t saw the decease		~ / / / /	19.7	7/	19 <u>L2-Z</u> 10		19.	duf
t be a sed to sent of spital eath)					•			at in (🖚) (our) op	inian death	accurred on t	the dote
ust be again dent deat deat must	-	23A. SIGNATURE	im the causes state	ad above.	(We) (did) (dident) vi	ew the bady	y after death.	<del></del>	238, DATE	CICNED	
		1 0 m	Strate	MIN	Atten	nding [	Med.	Stoff IST	238. DAIE	SIONED	
O FOUN + B		23C. PHYSICIAN'S	· which	110.	DEGREE Phys.	3D. ADDRESS		Staff Phys.	1 4-	11-11	
icate was r An a f a f a f a f a f a f a f a f a f a		23C. PHYSICIAN'S NAME (Type)		. [	1D	TO ADDKESS		1. 1.	1/	-61	
THE iffica () And d pri	24	- ames	10		DEGREE	The	2 Johns	Hopkins	Mos	21 17	
certificat body was ws: (1) An D.O.A. al eased pric		REMOVAL (Spec	ify)		ME of CEMETERY of CRE		24D. LC	CATION (C	City, town, or	county)	(Stotel
bo ws to the	E	urial	9-17-7	1 Mt	Auburn Cem			lto., Md.	•		
This certificate the body was reshows: (1) An a was D.O.A. at deceased prior written approv	1 23	A. DATE REC'D BY	- A		REGISTRAR	2SC. FUNI	March	000 =	7	ADDRESS	
-+ N > O >	11-	CED 1 1 10	77 020 61	Ja B.	AC A	Win C	warch	928 E. 1	North.	Ave.	
	4.2	1 20 - IF AR 11 11 00 -									

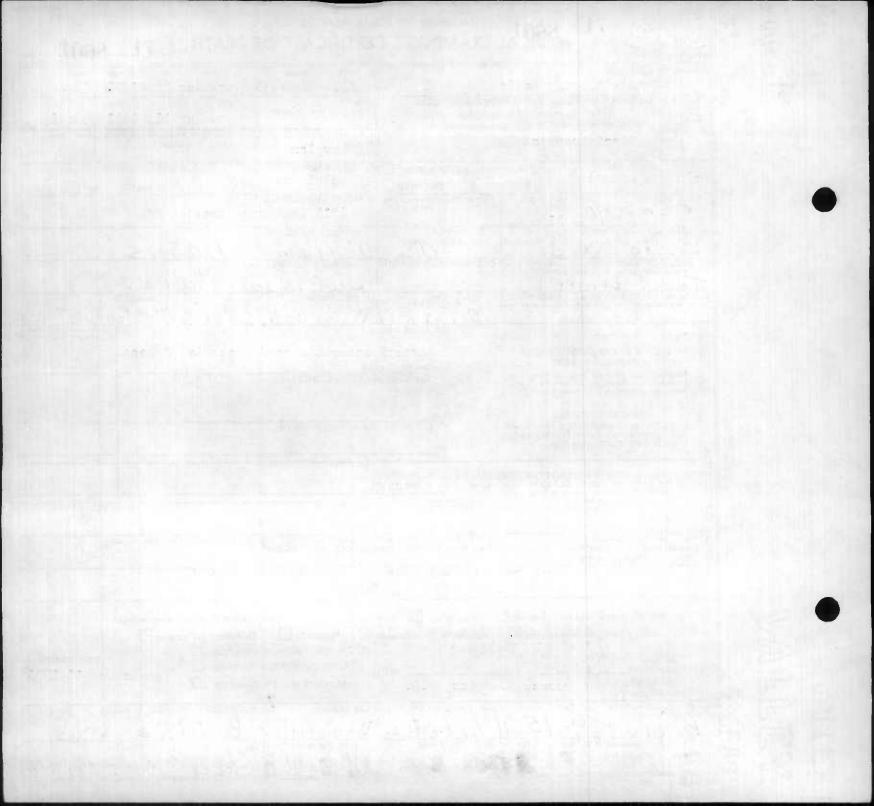
Robert 7 Turner



This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

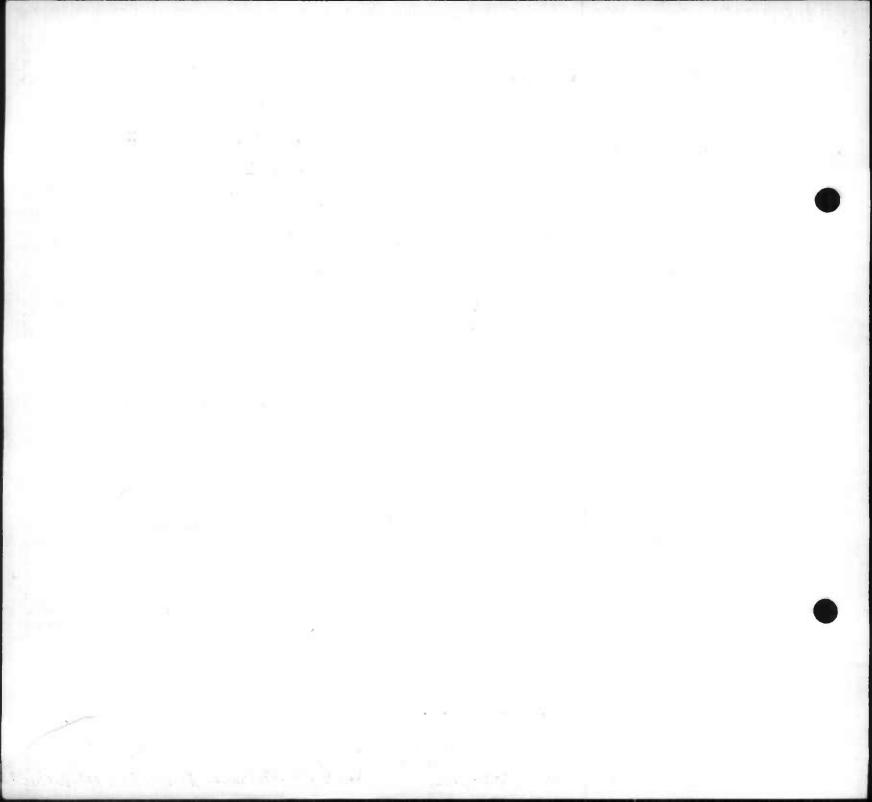
K	7,_			BALTIMORE CITY	HEALTH DEPART	MENT		107.4	000	0
01	5 -65	5 71 8	600	CERTIFICA	TE OF DE	ΔТН	REG. NO		867	
1.	NAME OF DEC		31 14 1	0=1(11110)			ND HOUR OF DE	4711		
(1)	ype or Print)	Dorothy She	rimo m		1	O I .			-11 10	3 - 1
3.	PLACE IN BAL	TIMORE MARYLAND, V	HERE PRONO	UN CED DEAD	4. USUAL RESIDE	NCE (Whe	ere deceased lived.	II instituti	on: lesidence	belose odmission
IJн	ULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Marylan		*		25	354
III.	ISTITUTION				C. CITY OR TOWN		D.		ITY LIMITS?	
	DO	4900 Alson D	rive		Baltimo	re		YES	K	10 []
					4900 Als		ive			
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	I If I	Under 1 Yr.	If Under 24 Hrs.
	Female	White	WIDOWED		1/15/01		lost birthdoy	Moi	nihs Doys	louis Min.
10.	A. USUAL OCCL	JPATION (Give kind of work working life, even if retired)	IOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	ote or fore	ign country)	12.	CITIZEN OF W	HAT COUNTRY
	ne corning most of t	working the, even it felired)	Reti	red	Middleto	ım Co	nn		USA	•
13.	FATHER'S NAM	ME			14. MOTHER'S MA				UOA	
	01	- E 01	_				Sherman			
15.	Was Deceased	ce E. Sherma	n cos?	1 6. SOCIAL	17. INFORMANT					
(Y ∈	s, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	s of service)	SECURITY NO.			Petersbur			
				068-09-2020	Mrs. Edwa	rd Ka	kenmaster	, 3918	3 Helens	St.NE.
	1B. 4	2.41		CAUSE OF DEAT					DETWEEN	MATE INTERVAL
ı		E OR CONDITION DI	RECTLY		arterioso	lerot	ic cardio	vascu	lar dis	ease
H	1	ol meon the mode al	dvina. e.a	(A) IMMEDIATE CAU	SEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	E				
1	heart failure,	asthenio, etc. It meons plication which caused	the diseose,	DUE IO, OR AS	A CONSEQUENCE OF	F:				
		INTECEDENT CAUSES	deoit!							
H				(B)						
	rise to the	R CONDITIONS, if obove cause IA)	stoling the	DUE TO, OR AS	A CONSEQUENCE	OF:			1	
	UNDERLYING	CONDITION last.		(c)			****************			
2		11						-		
ATION	I TO THE DEATH	CANT CONDITIONS CO	4E TERMINAI	chron	ic nephrit	is				
CA	IDISEASE OR CO	OPERATION 198 CON	[ ] (A).	*************	20A. AUTOPSY?		W 208 45 Was 144			
CERTIFIC	(0)	WAS PERI	ORMED	THICH OFERRION	ZVA AUTOISTI	168 OF 140	IN CERTIFYING	CAUSES (	OF DEATH?	RED
CE	21A. ACCIDEN	T WAS UNDERLYING	21B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHE	RE DID	(If In Bolt	timore City.	give exact loc	otion
A	DEATH (notify	medical examiner	hom- elc.)	e, form, foctory, street, of	ice bldg., INJURY O	CCU R?	Į 1 00 s.		give exect toe	Vilon,
EDIC	21 D. TIME	(Month) (Day) (Year)	(Hour 21E	INJURY OCCURRED	21F HOW	DID IN I	URY OCCUR?			
×	OF INJURY (APPROX.)			le At Not While		וואו טוט	ORI OCCUR!			
			Wor	k L At Work						
		that (1) (this hospital			man	1	19 49 to	امردا	- 10	19_7_/_
		last saw the decease			19.7	and the	at in (my) (our)	apinian a	leath occurr	ed on the date
	and hour and	from the causes stat	ed abave. (I)	(We) (dld) (dld nat) vi	ew the bady afte	r death.				
	23A SIGNATUR	RE						23 B. I	DATE SIGNED	
	Koh	m (15m	mluni	DEGREE Phys.	ding Med.	or 🗌	Staff Phys.	Se	DJ 17	1971
	23C. PHYSICIAN NAME (Ty	₹S pel			3D. ADDRESS				( )	
	Dr. Ro	obert C. Kimb	erly	-	103 East	Chase	Street	21202		
247	REMOVAL (S	AATION DATE		ME of CEMETERY of CRE			CATION		n, or county)	(Stote)
	Burial	9/14/7	L Edg	gertown,		E	dgartown,		•	Mass.
11		BY HEALTH DEPT.		P REGISTRAR	25C. FUNERAL				ADDR	
2	SEP 14 1	971 Pasus E	Ja Bon		Witzke,	f 4"	Edmondso	n Aver		228
VS	150-REV. 1/1/6	8	- 7							





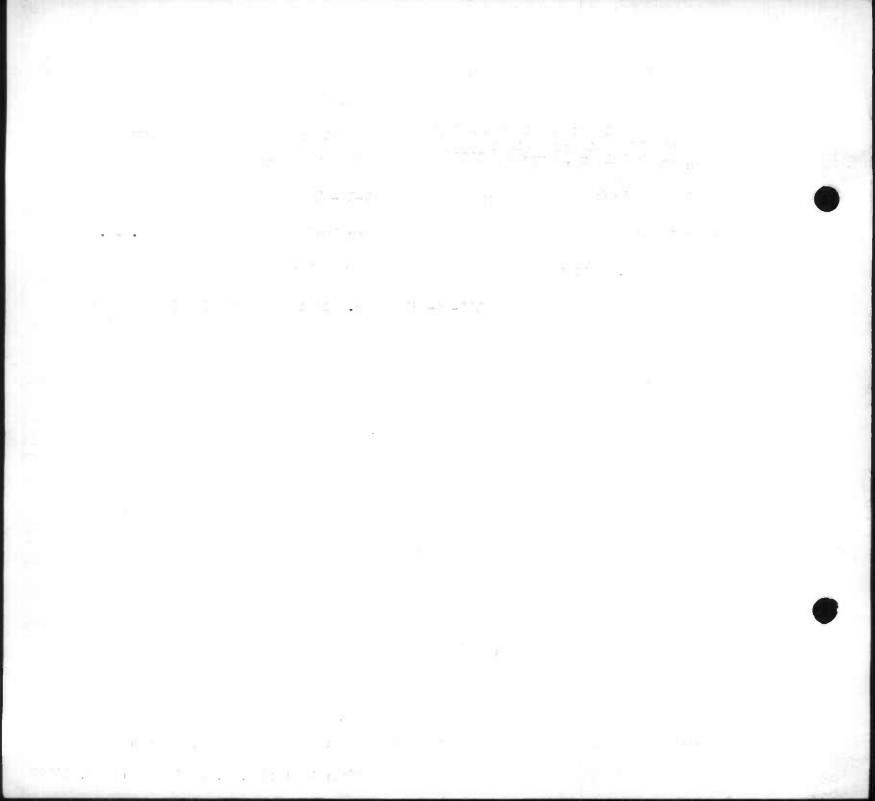
B-260	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 71. 8602	CERTIFICATE OF DEATH REG. NO. 71. 8602
1. NAME OF DECEASED	2 DATE AND HOUR OF DEATH
AUGUST A. BAKER	09-12-71 4:25 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	NCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTI HOSPITAL OR ADDRESS OR LOCATION)	TION, GIVE STREET  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
THE JOHNS HOPKINS HOSPI	· · · · · · · · · · · · · · · · · · ·
BALTIMORE, MD 21205	E. STREET AND NUMBER  5½ PANORAMIC WAY
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years light birthday) If Under 1 Yr., It Under 24 Hrs. Months! Doys ! Hours ! Min.
MALE WHITE WIDOWED	DIVORCED 10-29-19 51
done during most of working life, even it retired)	BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	un Mi. armel Ill. d. H.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AUGUST A. BAKER, SR.	EFFIE COZINE
(Tes, no or unknown) (II yes, give war ar dates al service)	6. SOCIAL SECURITY NO. 56-10-8452 Willest Butter 3201 Society The Tours
118.	CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ESOPHAGEM WARLES LUMBER
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury ar complication which caused death.)	(A)IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	HEPACOMA UNDECERTAGE
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
19A-DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	11CH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	LACE OF INJURY (e.g., in or obout 21 C. WHERE DID (if in Baltimore City, give exact location) farm, lactory, street, office bldg., INJURY OCCUR?
	NJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While Work	At Work At Work
22. I certify that (I) (this hospital) attended the	decegsed frgm 7/17 19 1/ ta 9/12 19 7
that (1) (we) last saw the deceased alive on	7/12/71 19 71 and that in (my) (our) apinion death occurred an the date
and haur and from the causes stated above.	
23A. SIGNATURE	23R DATE SIGNED
Jephen Og	Attending Med. Stoff Phys. Director Phys.
23C. PHYSICIAN'S NAME (Type) STEPHEN P	AGE T 23D. ADDRESS
	AE OF CREMETERY OF CREMATORY 24D. LOCATION (Gity, Inwings county) (Syste)
Burial SW.15.1971 a	Same berner Cenete allendele All.
25A. DATE REC'D BY HEALTH DEPT. 7 25B. NAME OF	The state of the s
EP 14 1971 ( Base E. Faster, M. 2	Trank H Hewell (Yaklesville 8)

1	400 1	BALTIMORE CITY HEALTH DEPARTMENT
V 1	sed the the cch	BIRTH NO. 71 8603 CERTIFICATE OF DEATH REG. NO. 71 8603
	0 0 C	1. NAME OF DECEASED (Type or Print)  WALL, MAMIE  2. DATE AND HOUR OF DEATH  Supt. 10, 1971  M.
	hospital ise of (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  A. STATE  B. COUNTY
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND SOME STREET MARYLAND
	0 0 0	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  BALT I MORE,  YES X NO
100	D.= L .	JOHNS HOPKINS HOSPITAL  E. STREET AND NUMBER
	o b	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AOE I'n yeors 55 Months! Doys Hours; Min.
0	occur ontrib ermin regul eased is ma	WIDOWED DIVORCED 02/09/16 54
	Undete	do he during most of working life, even if retired)
	f de oct o i) Un was was he o	19. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
5	1 5 2 1 2	augustine Coles ALICE COLE
TAN	istant the dir kind; ( death ce on nal dis	15. Was Deceosed Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  2 17. (NFORMANT  Opme Wall, 1728 Parmed, Quel.
ORT	f t	18. CAUSE OF DEATH
MP	his of of ounc	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH
	er. Als cture o pronou lar att	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,
OR	miner. fractu o pro	ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES
ECT	Xan	DISEASES OR CONDITIONS, if any, giving  Oue TO, OR AS A CONSEQUENCE-OF:
DIRE	al (3	nse to the above cause (A) stating the UNDERLYING CONDITION last, (C)
AL I	Did T S > E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	4 - Y - O E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (a).  1994-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 1994. CONDITION 1998. CONDITION 1994 CONSIDERED IN CERTIFYING CAUSES OF DEATH?  1994-DATE OF OPERATION 1998. CONDITION 1994-DATE OF INJURY/CONTRIBUTION 1994-DATE OF INJURY/C
FUNER	the state	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED (Q) JAMES (Q) JAMES (Q) 19A. AUTOPSYTTES IN CERTIFYING CAUSES OF DEATH?
S.A.	A - A	U 21A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTION CAUSE OF locality, street, affice bldg., INJURY OCCUR?
	4 C = > . To	O 21D. TIME IMonth (Doy) (Year) Haus 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	e hos naturation naturation raine	Wark At Work
	any any (ex ob	22. I certify that (I) (this hospital) attended the deceased from 19 1/10 19 1
	sed to sed to ant of spital eath)	and hour and from the causes stated above (1) (We) (did not) view the bady after death.
	a do de	23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Stoff S
	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Attending Med. Staff Director Director Phys. Director Staff Phys. 23C. PHYSICIAN'S NAME (Type)
	y was re (1) An ac 3.A. at a ad prior	PENELOPE P. SCOTT M.D. OEGREE JOHNS HOPKINS HOSPITAL
		REMOVAL ISpecify)  24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (Sinter)
	This certif the body shows: (1) was D.O./ deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR JADDRESS SEP 14 1971 Robert & Fallow & Developer Company Removed 129 M. Careline
	********	SEP 14 1971 Robert E. Jakon 20 0 aleut Bunual Komo 1/29 M. Caudine



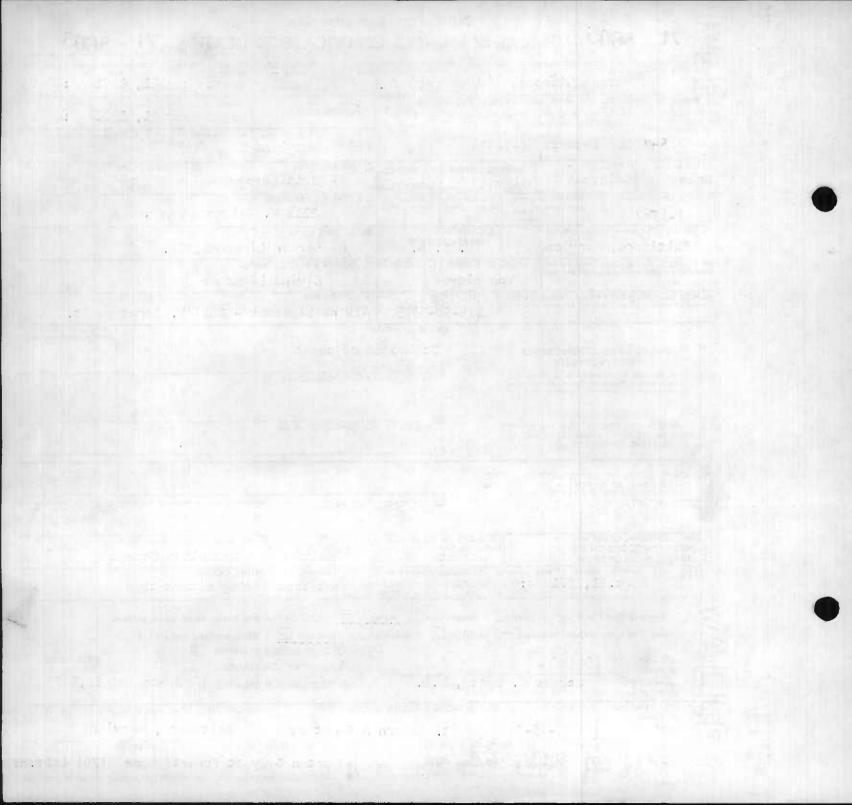
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT		. 4
BIRTH NO. 8604	CERTIFICA	TE OF DEATH	REG. NO.	1 8604
1. NAME OF DECEASED	1011	2. DATE	NO HOUR OF DEATH	736
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE	ere degensed lived. If in	stitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland C. CITY OR TOWN	190	1403
Provident Hospital	1 Complex	Baltimore	D. INSI	DE CITY LIMITS?
2600 Liberty Heigh	hts	E. STREET AND NUMBER		YESXX NO
Baltimore, Marylan	nd 21215	519 Bloom St	reet	
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	If Under 1 Yr. If Under 24 His.
Female Black WIDOW		7-25-92	79	Monns Doys Hours Will.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working file, even if retired)	OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
James O. Carter		Sarah Taylor		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	212-05-0534	Mr. William R	andall (Son)	Same
DEATH (nalify medical examined)	ing (B) DUE TO, OR AS (C) DUE	20A. AUTOPSY? (Yes or N	(If In BoltImore	+ 3 days = con
(APPROX)	While At Not While At Work			$O_i$
22. I certify that (1) (this haspital) attended	////	9/4	.19 7/to	9//2 19//
that (1) (we) last sow the deceased alive o				ion death occurred on the date
and haur and from the causes stated above.	(1) (We) (did) (did not) vi	ew the body after death.		
Said Him	1 Atter	iding Med.	Shelf [77]	23B, DATE SIGNED
23C, PHYSICIAN'S	DEGREE Phys.	Director L	Shaff Phys.	[[] 5/7]
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		-/ 6/(
24A- BURIAL CREMATION, 24B. DATE 24C.	DEGREE . NAME of CEMETERY OF CREA	MATORY 24D. L	OCATION (City	y, town, or countyl (Stotel
Burial 9-16-71	Arbutus Memori		Baltimore, Ma	•
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAK	25CAFUNERAL DIRECTO		ADDRESS
SEP 14 1971 Table &	Jaber Kan			Laurens St. 21217
VS 150-REV. 1/1/68				



BALTHAODE	CATA 1 10 A 1 TO 1	DEPARTMENT
BALTIMORE	CHY HEALIH	DEPARTMENT

71 BIRTH NO.	8605 MED	ICAL	EXAMINER'S	CERTIFICATE	OF DEAT	TH REG. NO.1	8605
I. NAME OF DEC		1		2. DATE Knows		Day	Year Hour
	Herman Litso		( Lipscomb) Jr.	OF DEATH Estima	oled Sept	ember 11,	1971 6:40 PM
FULL NAME OF	TIMORE, MARYLAND, Y (IF NOT IN HOSPITA ADDRESS OR LOCA		ONOUNCED DEAD IUTION, GIVE STREET	3. DATE PRONOUNCED D	Sept	ember 11,	Yeor Hour 1971 6:40 PM
OR INSTITUTION	Bon Secours	Hospi	tal	S. USUAL RESIDENC A. STATE Mary		B. COUNTY	esidence before odmission)
6. SEX Male	Colored	WIDOWE		c. city or town Balt	imore	D. INSIDE CITY	
9. DATE OF BIRTS	lost birthdo	22	William I Yr. It Under 24 Hrs. Aonths Days Hours Min.	E. STREET AND NUI 2119	WBER W. Fairmo	unt Ave.	
Baltimo	ore, Maryland		2. CITIZEN OF WHAT COUNTRY?		an Lipscom	b, Sr.	
done during most of w	PATION (Give kind of work rorking lile, even if relired)		of Business or Industry employed		<b>EN NAME</b> na Lipscom	b	
	ED EVER IN U.S. ARMED (If yes, give war or doles		17. SOCIAL SECURITY NO 214-50-3309	Alvina Lip	scomb - 20	21 W. Sara	
(This does n	I E OR CONDITION DIRECT LEADING TO DEATH of the mode of dy , asthenia, etc. It meons the	ng, e.g.,	(A)IMMEDIATE C	nd of chest	-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN TO THE DEAD TO THE DEAD DISEASE OR	OR CONDITIONS, IF ANY ABOVE CAUSE (A) STATE (G) CONDITION LAST.  II IFICANT CONDITIONS CONTINUES CONDITION GIVEN IN PART OF THE CONDITION OF T	ONTRIBUTING THE TERMINING THE	(c)	AS A CONSEQUENCE (	DFs		
20A. DATE OF	OPERATION 208. CON	IDITION FO	OR WHICH OPERATION WA	S PERFORMED		2	yes
UNDERLYING UTING CA	NAL CAUSE WAS ENDOR CONTRIB- USE OF DEATH. Month) (Day) (Year per 11, 1971		B. PLACE OF INJURY (e.g., ome, form, foctory, street, office Street  22E. INJURY OCCURRED.  WHILE AT NOT	22F. HOW	DID INJURY OCC	UR?	
(APPROX.)	-p-011,1771	PM m	. WORK AT W	ORK X SLADDE	d during a	irtercatio	II.
ACTUAL SIGNATL EXAMINI	od from: Natural cause	3/6	Accident Suleid	Homicide Deputy CHIEF ME ASSISTANT ME		ned manner	DATE SIGNED ber 12,1971
NAME (T 24A. BURIAL CREA REMOVAL (Specific	AATION, 248, DATE		24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, Iown, or	county) (State)
Burial	9-1	5-71		# Cemetery	Bal	timore, Ma	aryland
SEP	BY HEALTH DEPT.		ME OF REGISTRAR	25C. FUNERAL Morton	DIRECTOR & Pyett Fi	ADDI uneral Hom	
VS 151-REV. 1/1/68	N 3-23	5117					L

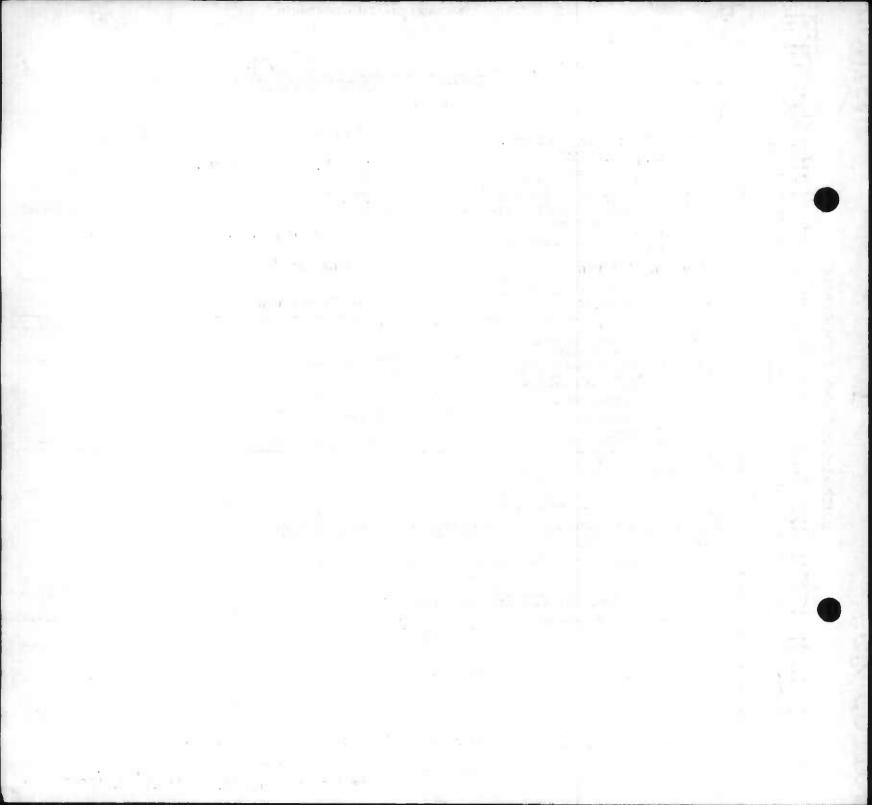


SEP 14 VS 150-REV. 1/1/68

		BALTIMORE CITY	HEALTH DEPARTMENT	1-1 A	2000		
BIRTH NO. 71 86	06	CERTIFICA	TE OF DEATH	REG. NO.	8600		
I. NAME OF DECEASED	O -	*		D HOUR OF DEATH			
(Type or Print)	BALDWIN, Cha			1/71	M.		
3. PLACE IN BALTIMORE, MA	ARYLAND, WHERE PRONO	OUNCED DEAD	A. STATE B. COUN		itution; residence before admission!		
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI			2002				
			C. CITY OR TOWN D. INSIDE CITY LIMITS?				
2542 West F	airmount Ave.		Baltimore		YES NO		
Balto., Md.	21223		E, STREET AND NUMBER				
5. SEX 6. RACE	17	(T)	2542 W. Fairmo	ount Ave.			
		NEVER MARRIED DIVORCED		lest birthday) 58	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.		
			9/19/12		12, CITIZEN OF WHAT COUNTRY?		
done during most of working life, e	ven if refired)	, southers on the outer					
Chauffeur			Holly Spring, N		USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM				
Cleveland Bald	win		Nina Mae You	ing			
15. Wee Decoased Ever in U. (Yes, no or unknown) (If yes, give	Armed Forces?  war or dates of service)	1 & SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
Yes 1945			Novella Baldwin	1	SAME		
18. 5 9	D	CAUSE OF DEAT	H .		APPROXIMATE INTERVAL		
DISEASE OR CON	DITION DIRECTLY		Cordice a-	-hythmi	BETWEEN ONSET AND DEATH		
LEADING		ANIMMEDIATE CAU	ise (trop-ent ven	trii-lan prev	+- e 6 mo.		
(This does not mean the heart failure, asthenia, e	e mode of dying, e.g. Ic. it means the disease	DHE TO OR AS		ients)			
injury or complication w		,		,			
ANTECEDE	NT CAUSES	(B) Mita	al insuttici	1encs1	10 115		
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
underlying condition last to Rhamatic heart disease years							
OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING						
TO THE DEATH BUT NOT I	RELATED TO THE TERMINAL GIVEN IN PART 1 (A).	45-44-4			*******************************		
OTHER SIGNIFICANT CON TO THE DEATH BUT NOT I OTHER SEASE OR CONDITION OF THE SEASE OF	19% CONDITION FOR	WHICH OPERATION	20A AUTOPSYT (Yes or No.	10 CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
E E			1/0				
. OR CONTRIBUTING TICA	USE OF he	me, farm, factory, street, of	n or about 21C, WHERE DID fice bldg., INJURY OCCURY	(if In Baltimare	City, give exact location)		
DEATH Inotify medical exc							
OF INJURY		E INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?			
< IAPPROX)	W	hile At At Work	• 🗆				
22. I certify that (1) (th	is hospital) attended	the deceased from	Jan-0-4 1	971 to 5	LD 7: 197/		
I OTA	he deceased alive on,	June 26		ot is (my) (our) opini	on death occurred on the date		
and hour and from the	causes stated above.	(1) (We) (did) told not y	lew the body after death.				
23A. SIGNATURE	^			1	23B, DATE SIGNED		
1 2	9	M. D. Alto	nding Med. Director	Staff	9114171		
23 C. PHTSICIAN'S	my	DEGREE	23 D. ADDRESS	Phys. 🗀	1/1//		
NAME (Type)			1.1 Eost Ch	10 5+	B 11 ml 212-		
24A. BURIAL CREMATION, 2	48. DATE    24C. N	DEGREE		CATION (City	town, or county) (State)		
REMOVAL (Specily)					o rowing or country states		
		arver Memorial		aurel, Md.	ADDITE		
25A. DATE REC'D BT HEALTH	238. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	FUNERAL HOM	ADDRESS AFS INC.		
DET 14 W	IN A MARCHAN			OITEIRIL IIOI	,		

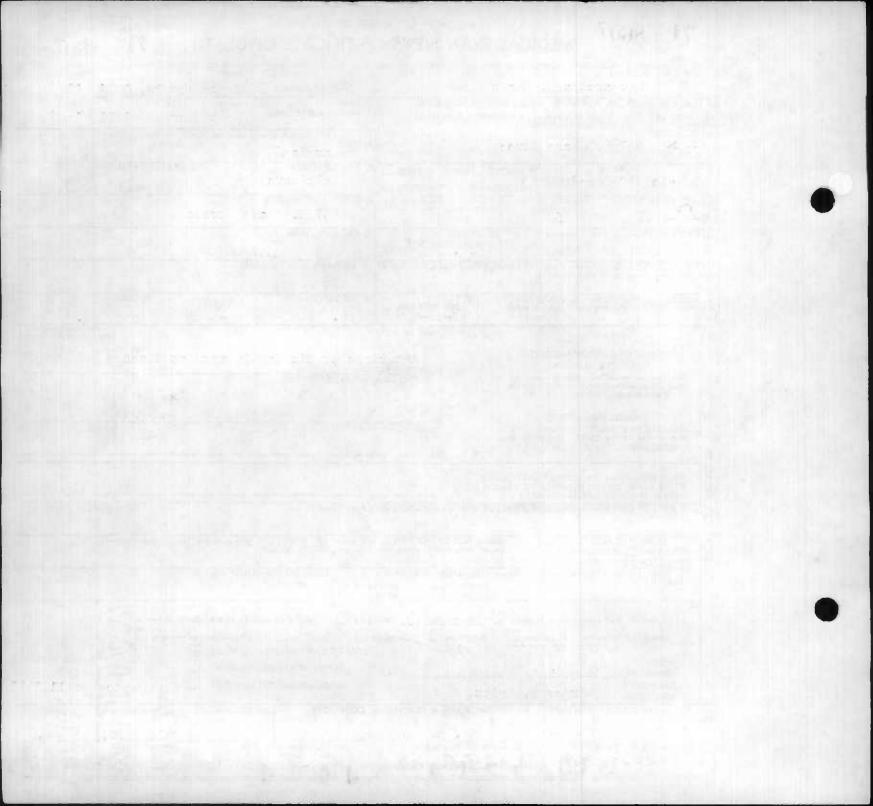
DYETT FUNERAL HOMES,

Balto., Md. 21217



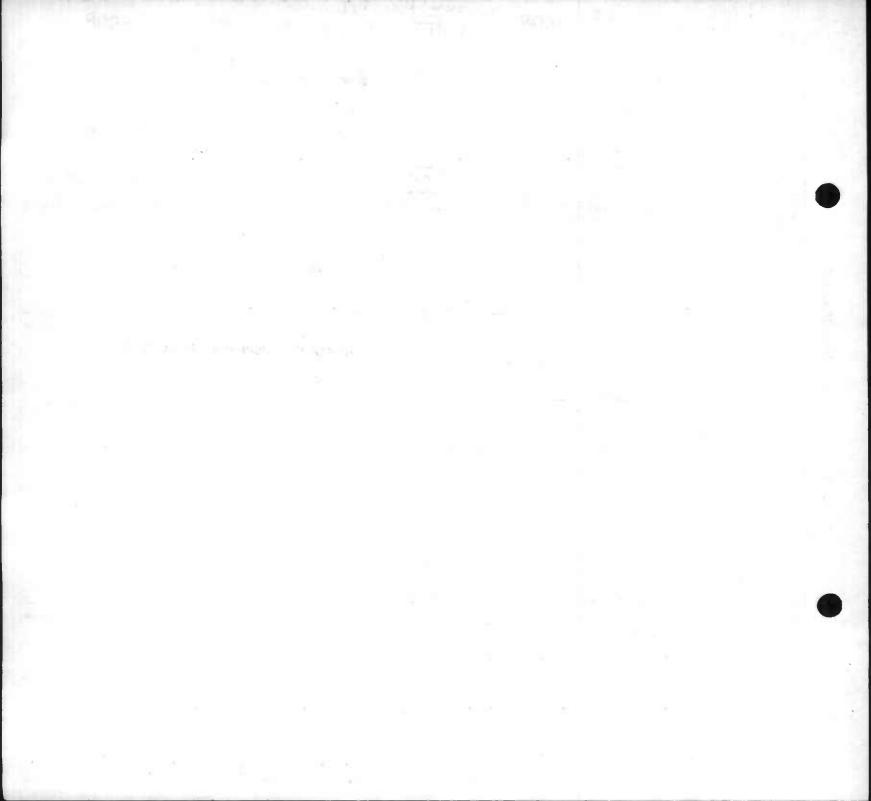
MEDICAL	EY A MINIED'S	CERTIFICAT	E OF DEATH

1 E 152	71. 8607  BALTIMORE CITY HEALTH DEPARTMENT  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 71. 8607						
	I. NAME OF DECEASED (Type or Print) Margaretta E. Evans 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2. DATE Known Month Day Year Hour OF DEATH Estimoled & September 10, 1971 11:50 PM  3. DATE Month Day Year Hour Hour					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  947 E. Chase Street	PRONOUNCED DEAD September 11, 1971 1:05 AM.  Substant Residence before odmission)					
MILKE	6. SEX   7. RACE   8. MARRIED   NEVER MARRIED	A. STATE Maryland  C. CITY OR TOWN Baltimore  B. COUNTY  D. INSIDE CITY LIMITS?  YES NO					
	9. DATE OF BIRTH  4-14-1921  10. AGE (In years   ff Under 1 Yr. II Under 24 Hrs. Months Doys & Hours   Min.	e. STREET AND NUMBER 947 E. Chase Street					
	Vera Cruz, New Mexico  12. CITIZEN OF WHAT COUNTRY?  VALUE OF WHAT COUNTRY?  VALUE OF WHAT COUNTRY?  VALUE OF BUSINESS OR INDUSTRY  done during most of working life, even if refired)	13. FATHER'S NAME  SWARTZ  15. MOTHER'S MAIDEN NAME					
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Vest on rupknown/VII) vas. give war or do bas of service) SECURITY NO.	Rosie Lewis 18. INFORMANT ADDRESS					
	No 219–16–4894  19. CAUSE OF DEA	Mrs. Naomi-Taylor-3222 Westmont Ave.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follure, osthenia, etc. it means the disease, injury or complication which coused death.)  Arterioscleratic cardiovascular disease.  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:						
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  (B)  DUE TO, OR AS A CONSEQUENCE OF:						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS 222A. EXTERNAL CAUSE WAS [22B.PLACE OF INJURY(e.g.,	No					
	UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	In or obout 22C, WHERE DID (If in Boltimore City, give exact location)  a bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?					
	23.	WHILE ORK					
	I certify that I held an Inquiry Inspection Au resulted from: Natural causes Acctdent Swick  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz M.D.	Deputy CHIEF MEDICAL EXAMINER DATE SIGNED					
	24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY REMOVAL (Specify) Burial 9-15-71 Mt. Auburn Co	emetery Baltimore, Md.					
	SEP 14 1971 John S. Jeben 4.0.	2sc. FUNERAL DIRECTOR ADDRESS  Mary-Elizabeth Law 802 Madison Avenue					



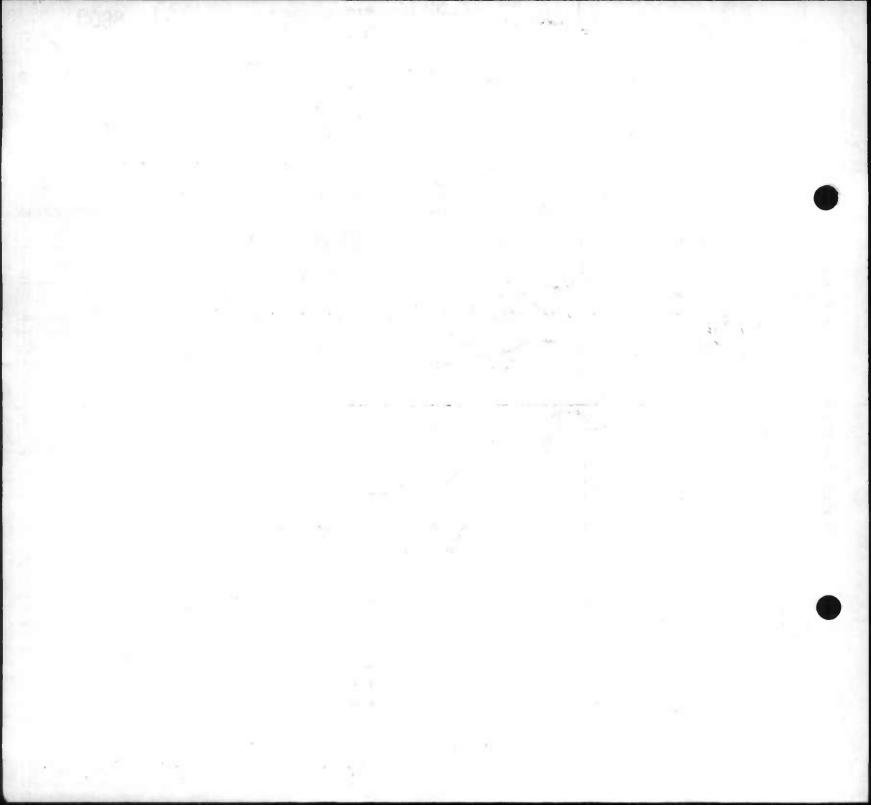
This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pranounced death was in regular attendance on the deceased prior to death. Such written appraval must be abtained before the remains are embalmed or final disposition is made.

1/ //	1-14		BALTIMORE CITY	HEALTH DEPARTMEN	IT	4.4
BIRTH NO.	1 86	08	CERTIFICA	TE OF DEAT	H REG. NO	1 8608
1. NAME OF DEC (Type or Print)	Adam A.	Kelle	r	9	E AND HOUR OF DEATH	1 10:00 0
3. PLACE IN BAL	TIMORE MARYLAND, WH	ERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If in	nstitution: residence before admission
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION			Md.		IDE CITY LIMITS?	
00	3900 N. C	harles	St.	Baltimore E. STREET AND NUMB 3900 N. (	ER Charles St.	YES NO .
5. SEX	6. RACE	· MARRIED K	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yc. If Under 24 Hrs. Months Doys Hours Min.
M	W	WIDOWED	DIVORCED	4-17-89	last birthday	Months Days Hours Min.
IOA USUAL OCC	JPATION (Give kind of work)					12 CITIZEN OF WHAT COUNTRY
done during most of the Executive	working (ife, even if reffred)	Grain		Owensboro		USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	INAME	
Adam	Keller			Fannie	Chrissmar	n
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed Force (III yes, give war or dates	of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		7	05-10-5039	Mrs. Adan	n A. Keller	Same
DISEASES Conse to the UNDERLYING  OTHER SIGNIFIES TO THE DEAT DISEASE OR CONSERVED TO THE DISEASE O	of mean the mode of asthenia, etc. it means in application which caused of ANTECEDENT CAUSES  OR CONDITIONS, if an above cause (A) is above cause	ieath)  ny, giving stating the  TRIBUTING TEMINAL 1 (A)	(B) DUE TO, OR AS		Suguearles  hr -e VA  or No. 208, (F YES, WERE IN CERTIFIING CA	1 dys
OR CONTRIBU	NT WAS UNDERLYING THE CAUSE OF medical examines	218, Pi home, elc.)	LACE OF INJURY le.g., in form, factory, street, of	or about 21 C. WHERE Dice bidg. (NJURY OCCU	ID (II In Bollimer	re City, give exact lacation)
OF (NJURY (APPROX)	(Month( (Day) (Year)	IHour 21E, II While Wark	AI Not White		INJURY OCCUR	
that (1) (we)	that (1) (this hospital) last saw the deceased from the causes state	alive on	(We) (did) (did not) v	lew the body after de		nion death occurred on the date
23C. PHYSICIA NAME (T	Charles E. C	Cann I	DIOREE	23D. ADDRESS		11/50//
	MATION, 248, DATE Specify)		AE of CEMETERY OF CRE		Charles St.	ity, town, or county) (51ote)
Burial	9-16-7	Flm	wood Ceme	terv	Owensboro	Kentucky
SEP 1	4 1971 Robard	E. Jab	REGISTRAR	25C. FUNERAL DIRE	CTOR Sons Co.	
/\$ 150-REV. 1/1/	68			The state of the s		

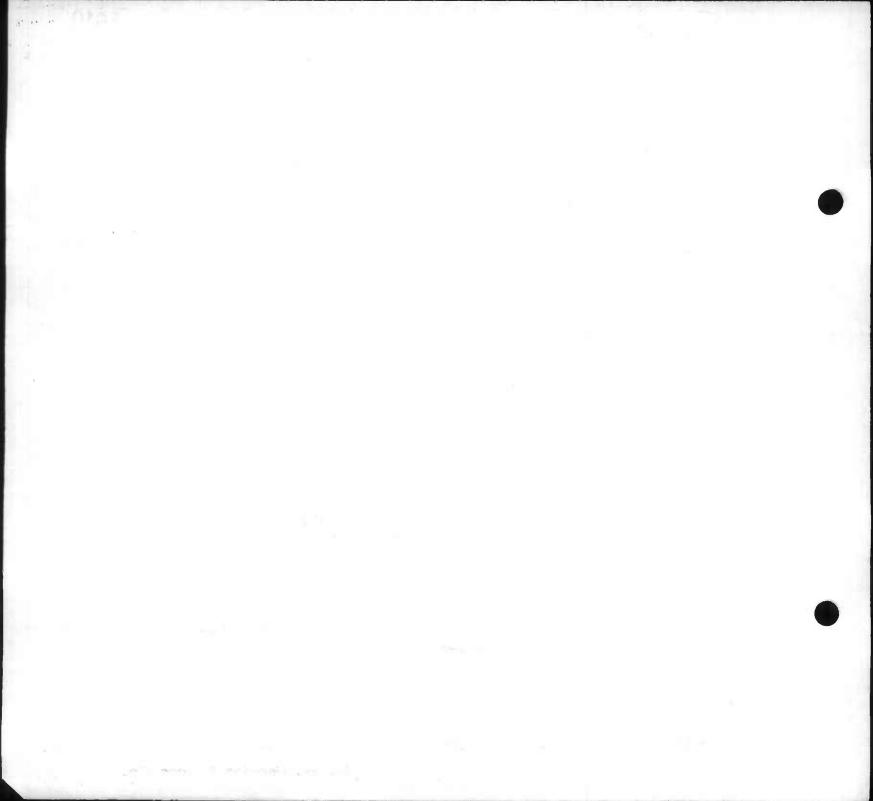


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	T-635	- 71	8609		TE OF DEATH	REG. NO.	1 8609
	RTH NO.			CERTIFICA			
	NAME OF DECEA		rnest Er	dman, Jr.	9-1	ID HOUR OF DEATH	1122 P. M
3.	PLACE IN BALTIM	ORE, MARYLAND	, WHERE PRONC	UNCED DEAD	A. STATE B. COUN	re deceased lived, Il ins	titution: residence before admission)
H	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HO ADDRESS OR L	SPITAL OR INSTITUTE OF INSTITUT	TUTION, GIVE STREET	Md.		DE CITY LIMITS?
	4	1315 Mar	ble Hall	Road	Baltimore		YES NO
	00				E. STREET AND NUMBER 4315 Marble H	Hall Rd. A	pt. 155
5.	SEX 6.	RACE W	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 6-20-90	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10/	USUAL OCCUPA	TION (Give kind of	work 108, KIND O		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
11	ne during most of world			edes Benz	l evinaton Ka	ntuoky	USA
	FATHER'S NAME		ivier	edes Deriz	Lexington, Kei		103A
H							
15.	John Ern	est Erdn	nan	1 6. SOCIAL	Elizabeth Kenr	ney	ADDRESS
(Ye	Was Deceased Evens, no or unknown) (If	yes, give war or	doles of service)	SECURITY NO.	THE OWNER		ADDKESS
⊩		WW I		212-10-6959		Erdman	Same
		OR CONDITION		CAUSE OF DEAT	À	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ADING TO DEA		(A) IMMEDIATE CAL	ISE CARCINC	MA-LUN	G & MONTHY
	heart failure, ast	mean the mode henia, etc. It me cation which cau	ans the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
		TECEDENT CAU					
		CONDITIONS,		(B)	A CONSEQUENCE OF:	***************************************	
	rise to the	above cause (	(A) stating the	(c)	A CONTROL OF		
		11		(0/22222222			***************************************
ATION	OTHER SIGNIFICA TO THE DEATH B DISEASE OR CON	UT NOT RELATED 1	O THE TERMINAL	*****************	*************************		************************************
CERTIFICATI	19A DATE OF OF	ERATION 198 C	PERFORMED	WHICH OPERATION	20A AUTOPSY? (Yes of No.	20B, IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CAL	21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYIN IG CAUSE OF dicol exemined	G 216	ne, form, foctory, street, o	n or obout 21C. WHERE DID ince bldg. INJURY OCCUR?	(If In Boltimore	City, give exoct locotion)
MEDI	OF INJURY	tonth) (Doy) (Yo	W	INJURY OCCURRED hile At   Not While		URY OCCUR?	
	Work L At Work L						
H	22. 1 certify that (1) (this tospital) attended the deceased from MAY 0, 197/ to SEFT- 1/ 197/						
	that (1) (46) last saw the deceased alive an SEPT. 10, 19 71 and that in (my) (447) apinion death accurred on the date						
	and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.						
	23A. SIGNATURE  CITCHEN Kar Pain M.D. Attending Med. Director Phys. Director Phys. Director Phys. D. 9/3/7/						
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS						
247	Dr. Art	hur Karf	gin	DEGREE	1532 Havenwoo		
Ш	REMOVAL (Spec	ify) 24k DATE		AME of CEMETERY of CRI			, town, or county) (State)
1	Burial	9-14		t. Holly Cem	etery Mt	. Holly,	New Jersey
25/	"SEP14	1971 026		BE REGISTRAN	PS WE DERKETS	Sons Co. Baltim	4905 York Rd. nore, Md. 21212
VS	150-REV. 1/1/68						

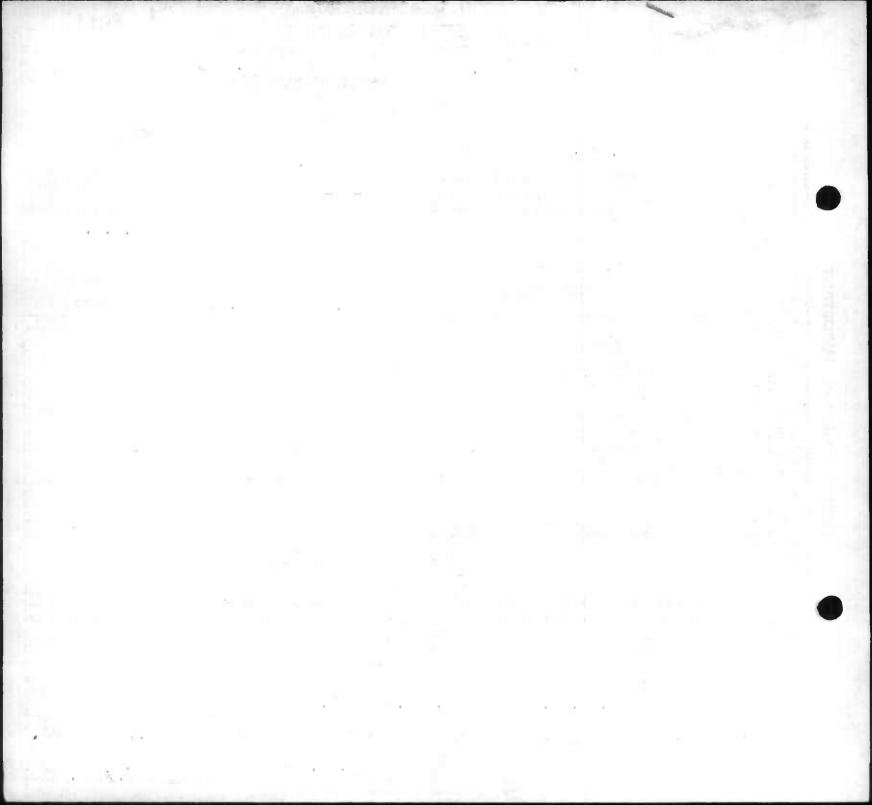


0 -	2./ 17.0		BALTIMORE CITY	HEALTH DEPARTMENT		71 8610		
BIRTH NO.	4 11	8610	CERTIFICA	TE OF DEATH	REG. NO	7.2 0010		
1.NAME OF DE		G. 57	AVELY		12-71	, 6:05 P		
3. PLACE IN BA			RONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If in	nstitution: residence before odmission)		
FULL NAME OF HOSPITAL OR		HOSPITAL OR	INSTITUTION, GIVE STREET	Maryfame C. CITY OR IOWN		PO 6		
	· Cha	11	1	Bretime	D. 1143	YES NO		
Thur	ch Han	4 /2	require	1704 & 32 m				
5. SEX	6. RACE	7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH  12-07-00	9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.		
M			OWED DIVORCED	12-07-00	70	Minis Doys Hours Min.		
done during most o	UPATION (Give ki I working life, even i	nd of work 10B, KII	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	ign country)	12. CITIZEN OF WHAT COUNTRY		
RETIR			SURANCE	mayend		U.S. A.		
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	ME			
	2/ Stave			many Ha	dals			
15. Wos Decease	d Ever in U. S. A	mand Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS		
no			212-19-0615	My Ga	36/2/11	Ennes.		
18. 4//	0.91		CAUSE OF DEATH	H / My	- Cong	APPROXIMATE INTERVAL		
DISEA	SE OR CONDIT				1 5	BETWEEN ONSET AND DEATH		
(This does	LEADING TO		(A) IMMEDIATE CAU		quisi			
heart failure	, asthenia, etc. 1	I means the dis	sease,	A CONSEQUENCE OF:				
Injury or ca	ANTECEDENT (		Aust	5 h		7.		
DISEASES	OR CONDITION		(B) DUE TO OR AS	A CONSEQUENCE OF:	al engre	eu		
rise la fi	ne abave caus	se (A) staling		A CONSEQUENCE OF:	. /			
UNDERLYIN	G CONDITION	last.	(c)	my freeze l	Bure	**********		
Z	11	CONTRIBUTE	711.1.00	V				
TO THE DEA	FICANT CONDITION	TED TO THE TERM	INAL					
	F OPERATION TYPE		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208 IF YES WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
. OR CONTRIB	NT WAS UNDER UTING CAUSE y medicol exomine	LYING TO	21 B. PLACE OF INJURY (e.g., in hame, larm, foctory, street, af etc.)	ar obout 2) WHERE DID	(II In Boltimor	e City, give exoct locotion)		
O 21D. TIME	(Month) (Doy)	(Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?			
(APPROX.)			While At Not While	, —				
Work At Work At Work At Work								
	22. I certify that (I) (this hospital) attended the deceased fram 9 19 1 to 9 19 that (I) (we) last saw the deceased alive an 9 19 1 and that in (my) (aur) apinian death accurred an the date							
and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death.								
23A. SIGNAT	URE			10		23B, DATE SIGNED		
ma-Elm V. many M. Attending Med. Staff Director Phys. Director Phys. 9-12-7/								
23C. PHYSICI	AN'S Typel	0 8	45	3D. ADDRESS	-1			
MA.	STENA	V-MAR	16AY (11)	Church Home	+ HOSpit	al		
24A. BURIAL CRI REMOVAL	EMATION, 248. [ (Specify)	DATE 2	4C. NAME of CEMETERY of CRE	MATORY 24D. LC	CATION # (Cil	y, town, or county) (Stote)		
Burial	9-	-16-71	Washington Ce	emetery   H	łurlock,	Md.		
25A. DATE REC'E	BY HEALTH DE	0 1 7	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	okine 9. Sa	ADDRESS		
JEP 1	4 19/1	Cose & E.	Tabe NO	25C. FUNERAL DIRECTOR	örk Road E	Balto:, Md. 21212		



**	!!
in a hospital and graves of death ause; (5) Deceased trendance on the re to death. Such	Bí 1. 1. 3. Fí H
ntributin rmined c egular a sed pric	10 do
or con indeter s in redeced	do
irect (4) Uh war h war dispos	13
the d the d kind deat nce o	15
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	NOTE OF THE STATE

1	BALTIMORE CITY	HEALTH DEPARTMENT	,	71 8011			
H-330 71 8611	CERTIFICA	TE OF DEATH	REG. NO	- 0011			
1. NAME OF DECEASED	Λ 1 3		AND HOUR OF DEATH				
Mrs. Jeannie I		Di Hella Periori (M	ept. 12, 1	971   3,20 Q, M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		Maryland	INTY	7 //			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, OIVE SIREE!	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?			
		Baltimore		YES E NO			
A A 309 E. Cold Spring	T.ana	E. STREET AND NUMBER					
O O JOY E. GOIG Spring.	Вано	309 E. Co	old Spring	Lane			
5. SEX 6. RACE WIDOWED WIDOWED	NEVER MARRIED  DIVORCED	9-25-1898	9. AGE Un years lost birthday)	Il Under I Yc. Il Under 24 His. Months: Doys Hours Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B	and the second second	11. BIRTHPLACE (State or fo		12 CITIZEN OF WHAT COUNTRY			
done during most of working life, even if refred)  Housewife  Own H	Tome	Ohio		U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
James S. Talbott			la Ammoms				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! [if yes, give war or dotes af service!	SECURITY NO.	17. INFORMANT		ADDRESS			
NO	acquait NO.	Mr. Charle	es B. Atwo	od Same			
18. / 9 9 . 0	CAUSE OF DEAT	H		APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH	(A)IMMEDIATE CAL	SE Wedespred A CONSEQUENCE OF:	metalitie	2 Gears			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	laccinno				
injury or complication which caused death.)				1			
ANTECEDENT CAUSES	4-9						
DISEASES OR CONDITIONS, If any, giving	DUE TO, OR AS	A CONSEQUENCE OF:					
rise to the above cause (A) stating the							
UNDERLYING CONDITION last	(c)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Seren	Auntes	arthul	10 years			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	HOU APPRATION	120A AUTORCYT (Vos. os.	Nall 20R IB VES WED	E HINDINGS CONSIDERED			
19A DATE OF OPERATION 19& CONDITION FOR WI	IICH OPEKATION	A CONTRACTOR OF	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?			
WAS PERFORMED  U 21A ACCIDENT WAS UNDERLYING 1 21B.F.	LACE OF INJUSY In.G.	n or obout 21 C. WHERE DID	(if In Boltim	ore City, give exact location)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	farm, factory, street, o	lice bidg., INJURY OCCUR?	<b>V</b>				
O 21D-TIME IMonth) (Doy) (Year) (Hour) 21E II	NJURY OCCURRED	21 F. HOW DIO I	MILLEY OCCUPY				
W OF INJURY While	At T Not While	• 🗖	NZORI OCCOR.				
WOR							
22. 1 certify that (1) (this hospital) attended the			195210	7/12 192			
that (1) (we) last sow the deceased alive on	21	10 192/ and	that im(my) (aur) a	pinion death accurred an the date			
and hour and from the causes stated abave. (1) (We) (did) (did nat) view the body after death.							
23A. SIGNATURE							
18- H Doughe	- Dh.	ending Med.	Staff Phys.	9/13/2			
23C.PHYSICIAN'S	DEGREE	23D. ADDRESS		1 1/1-1/1			
NAME ITypel	0		r Street				
	DEGREE			City town on anything the state of			
REMOVAL (Specify)	ME of CEMETERY of CR			City, town, or countyl (State)			
		orial Park	Baltimore				
SEP 14 1771 P. 258, NAME OF	REGISTRAR O	25C. FUNERAL DIRECT	kins & Son	ns Co. Address Balto. Md. 212			
VS 150-REV. 1/1/68			THE HUMAN	The second secon			



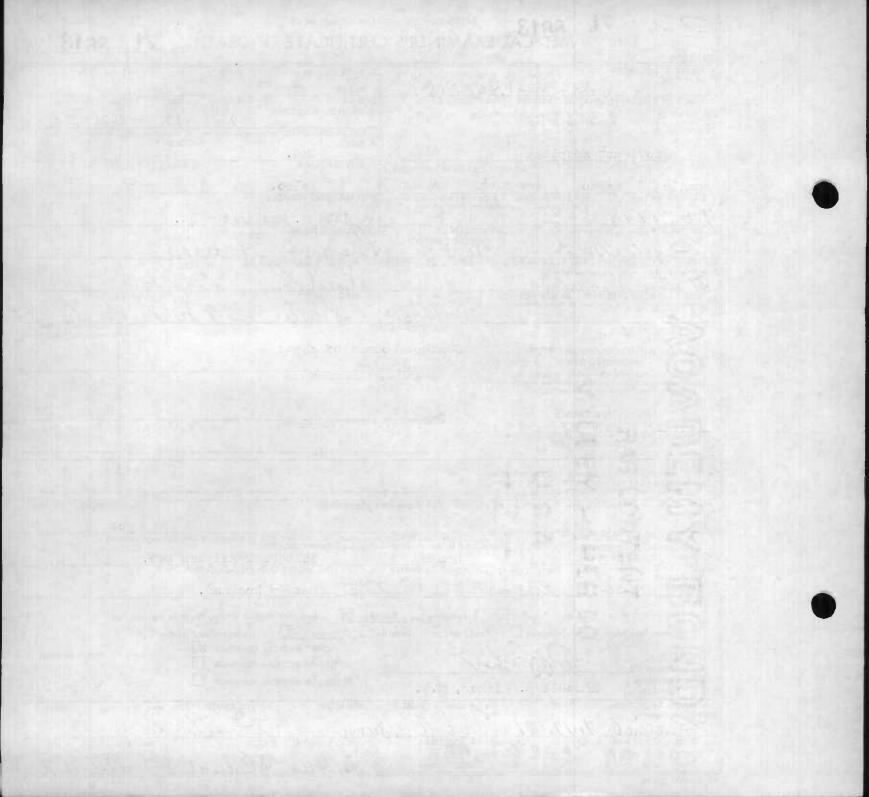
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be	ā I

	11) === 514 == 10	BALTIMORE CITY	HEALTH DEPARTMENT	r	71 8012
BIE	U-352 /1 8612	CERTIFICA	TE OF DEATH	REG. NO.	7 0010
_	IAME OF DECEASED	·	2 DATE AN	D HOUR OF DEATH	
(Ty	pe or Printle (1) HITINA DE	EL DETEL	9	12-71	1 4:15 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNG	CED DEAD	4. USUAL RESIDENCE (When		ditution: residence before admission
			A. STATE B. COUN	TY	eng of a d
H	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	mo.		2001
N	STITUTION		C. CITY OR TOWN	D. INSIC	DE CITY LIMITS?
1	BON SECOURS HOSP	TAL	PAL10.		YES NO
*	34	, , , , _	E. STREET AND NUMBER	21	
_	SEX 6. RACE 7. ALADRED 7		1312 11.11	NONROE	
	6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., if Under 24 Hrs. Months Doys Hours Min.
		DIVORCED	2-13-35	36	
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY
,,,,	NONE		A. ORDA		11.5
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	INA	1073.
			THE COURT OF THE PERSON AND THE PERS		
_			MINNIE	PP55	
e	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war ar dotes of service)	SDCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			11 Brown 1	Nel	
-	18. / / / 9	CAUSE OF DEATH	1-12 were 12		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	0.	-	ar- A	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	Cominan+	1 10	a atries	us terenola
	(This does not mean the mode of dving, e.g.,	(A) IMMEDIATE CAU	SE // CONSEQUENCE OF:	***************	and a
	heart failure, asthenia, etc. It means the disease.	DUE 10, OK AS /	CONSEQUENCE OF:		/
	injury ar camplication which caused death.)	d	1 1		11
	ANTECEDENT CAUSES	(B) Carris	when It re	aryux on	MX 2 ma
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		/
	rise to the abave cause (A) stoling the UNDERLYING CONDITION last.	(a)	treated	E inadia	FI M
	11	(4	***************************************	*******************	***************************************
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	**************************************			
2	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 119B CONDITION FOR WHI	CH OPERATION	20A. AUTDPSY? (Yes or No)	208. IF YES WEDE EN	NDINGS CONSIDERED
יייייייייייייייייייייייייייייייייייייי	WAS PERFORMED		4.000	IN CERTIFYING CAU	NDINGS CONSIDERED SES OP DEATH?
	21A- ACCIDENT WAS UNDERLYING 1218 BL	CE OF INTURVIAGE	or obout 21C. WHERE DID	(() ()	Clina also associated in the
1	OR CONTRIBUTING CAUSE OF home,	form, factory, street, of	ice pldg. INJURY OCCUR?	lit in politimare	City, give exact location)
	DEATH (notify medical examiner) etc.)				
	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. IN.	JURY DCCURRED	21F. HOW DID INJU	IRY OCCUR?	· · · · · · · · · · · · · · · · · · ·
,	(APPROX.) While Work	Not While			
	22. 1 certify that (1) (this hospital) attended the a		9-11-	9 2/ to 4-	: 12 . 197/
	that (1) (we) last saw the deceased alive an	9-12-	19	t in (my) (our) opini	ion deoth occurred on the date
	ond haur and from the causes stated abave. ()) (V	(e) (did) (did not) vi			
	23A. SIGNATURE		,	i.	23 B. DATE SIGNED
	wares flor ma	MP Atter	ding Med.	Staff A	9-12-71
	23C. PHYSICIAN'S	DEGREE Phys.		Phys. A	7-16-1
	NAME (Typel	2	3D. ADDRESS		01,000
_	MARCO FLOREZ	DEGREE	2025 W.FA	YETTE ST	- BALTIMORE MD.
A		of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or countyl (Stote)
1	Durial 9-16-7 M	+ (B ()	my T	3-170 N	1
5.0	DATE REC'D BY HEALTH DEPT. 258, NAME OF R	EGISTRAR	0	John. 11	V 0 1
100	SFP 1 4. 1971 Parent E. Janey	ALD.	25C FUNERAL DIRECTOR	- dame	ADDRESS
_	SEP 14 19/1 Valer 2. Valer	,	MUGHS	I-111	532 Hollins
5	1.50-REV. 1/1/68			-/-	



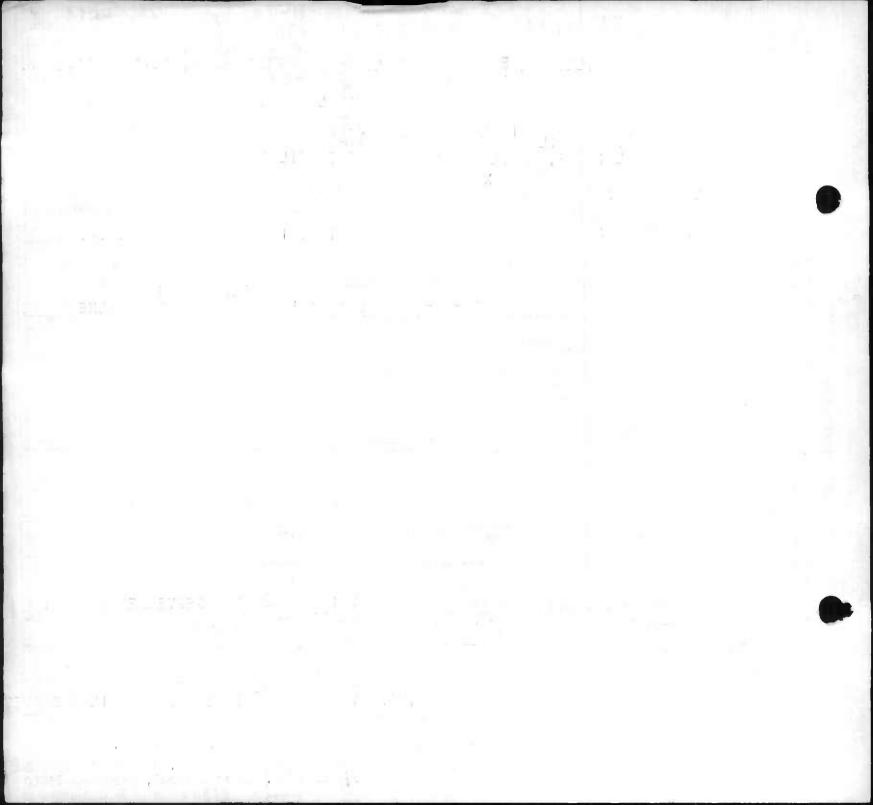
71 8613 BA	ALTIMORE CITY HEALTH DEPARTM
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P 20 71 8613 BALTIMORE CITY HE		
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG, NO.	8613
BIKTH NO.		
(Type or Print)	2. DATE Known Month Day	Yeor Hour
LINDA ROSS (ROTTIS)	DEATH Estimated L	М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Manth Day PRONOUNCED DEAD	Year Hour
HOSPITAL ADDRESS OR LOCATION)	9 13	1971 2 a M
OR INSTITUTION .	5. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY	esidence before odmission)
Provident Hospital	Md.	806
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
female negro WIDOWED DIVORCED	Balto. YES	X No []
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.	E. STREET AND NUMBER	
9,5, 1948 22	1624 N. Washington St.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13 FATHER'S NAME	
Selto M & WHAT COUNTRY?	honord A arris	
14A.USUAL OCCUPATION (Give kind a) work 14B. KIND OF BUSINESS OR INDUSTR		0
dane during most of working life, even all retired)	Sul Bill Muche	V.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	1B. INFORMANT ADD	ORESS /
(Yes, m or unknown) (If yes, give wor ar dates al service)  SECURITY NO.  215-46-951)	8 1 to 1/2/2 20 21	11-1-0
19. CAUSE OF DEA	THE THE THE THE THE	APPROXIMATE INTERVAL
<b>ピア6つ</b> 人		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY GUNShot WO	ounds of chest	
(A)IMMEDIATE C	CAUSE AS A CONSEQUENCE OF:	
heart foilure, osthenio, etc. It meons the disease, Injury ar complication which coused death.)	AS A CONSEQUENCE OF:	
		all the second
ANTECEDENT CAUSES  (B)	AS A CONSEQUENCE OF:	
I WASE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	LESS STREET
Z UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		ves
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., hame, form, factory, street, affici	in ar about 22C. WHERE DID (If in Boltimare City, give exact bldg., etc.) INJURY OCCUR?	lacation)
UTING CAUSE OF DEATH. house	3836 Park Heights Ave.	1512
DF INJURY (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) 8-26-71 2:55 pm. WHILEAT NOT AT W	WHILE Shot by husband.	
23,		
l certify that I held an Inquiry I Inspection Au	topsy 🔀 and that on this basis, death in my of	oinlon
resulted from: Notural couses Accident Suicid	le Homicide V Undetermined monner	
01/1	CHIEF MEDICAL EXAMINER	
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
FYAMINEDIS	ASSOCIATE MEDICAL EXAMINER	0 /0 0 /00
NAME (Type) Russell S. Fisher, M.D.		9/13/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town,	or county) (State)
73 MILAR 9, 17, 71 hat a	14 1 75 M h	1,
25A. DATE REC'D BY HEALTH DEPT 258 NAME OF REGISTRAR	25C TUNERAL DIRECTOR ADD	RESS
CEP 1 A 1077 Patent & Marting 16 th	2 18 10 10 10	MA A
751 73 1011	Middle Acaust 13.	allo. Md
VS 151-REV. 1/1/68		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and hopping the regular attendance on the deceased prior to death. Such deceased prior to death, such pronounced disposition is made.

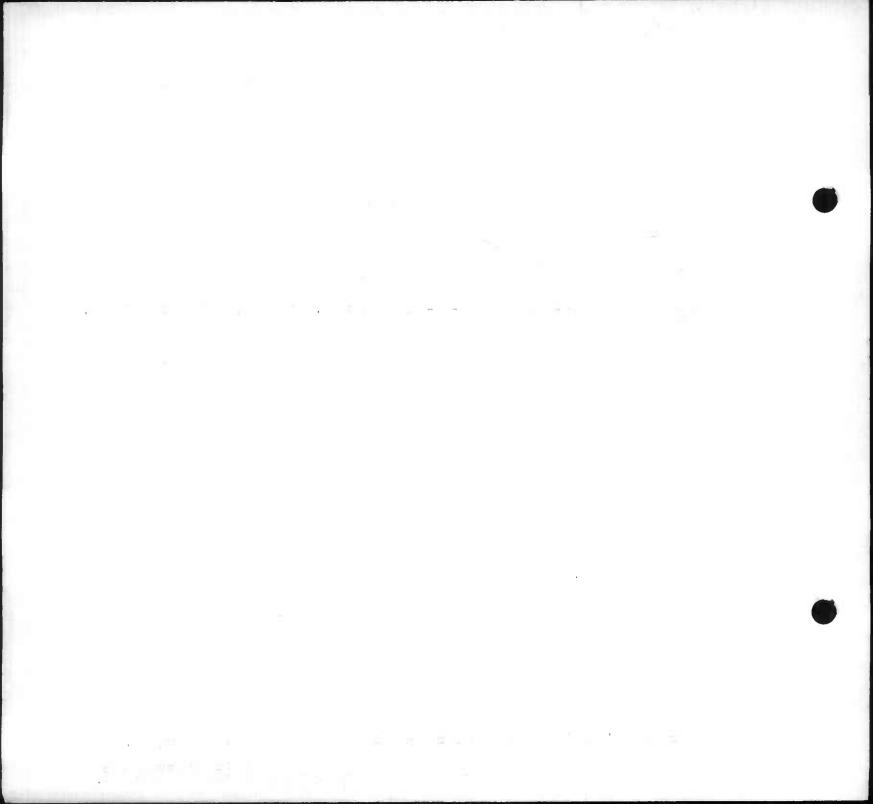
1	1)			BALTIMORE CITY	HEALTH DEPARTMENT		71 8614					
	1 -452 TH NO.	2 71	8614	CERTIFICA	TE OF DEATH							
	Pe or Print)	EASED WIL	LIAMS,	ASOM RACELON ROOSEVE	LT SE	PTEMBER 9,	1971 11:00 R.					
3.	PLACE IN BAL	TIMORE, MARYLAI	ND, WHERE PRO	NOUNCED DEAD	A. USUAL RESIDENCE I	Where deceased lived, If DUNTY	institution: residence before admission)					
FU	LL NAME OF	(IF NOT IN H	OSPITAL OR INS	STITUTION, GIVE STREET	MARYLAND c, CITY OR TOWN	HOWARD	20794 6 Supplies City LIMITS?					
	,	ST_AGNE	S, HOSPI	TAL S AVENUES	JESSUP		YES NO					
La	10			YLAND 21229	9547 GUIL	FORD ROAD						
5. 5		6. RACE	7- MARRI	ED X NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.					
	ALE	WHITE	WIDOW		09/28/05	65						
don	e during most of	JPATION (Give kind working life, even if n ECHANIC		OF BUSINESS OR INDUSTRY	VIRGINI	The said of the said of	U.S.A.					
	FATHER'S NAM				14. MOTHER'S MAIDEN		1 0.0					
		James		lliams		ura	North					
	Wae Deceased syno or unknown) NO	Ever in U. S. Ann Of yes, give wor	ned Forces? or dates of Servic	16. SOCIAL SECURITY NO. 213-09-7975	ST AGNES!	BALTO MD	21229 ADDRESS TON & WILKENS AVES					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  (A) MMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  (B)  DUE TO, OR AS A CONSEQUENCE OF:												
		above cause CONDITION la		(c)								
NOLL	OTHER SIGNIF	II FICANT CONDITION THE BUT NOT RELATE ONDITION GIVEN	NS CONTRIBUTION TO THE TERMIN	NG AL								
CERTIFICATION	19A-DATE OF	OPERATION 19	L CONDITION FO	OR WHICH OPERATION	NO	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?					
	21A. A CCIDES OR CONTRIBLE DEATH Inotify	NT WAS UNDERLY JTING CAUSE C medical examined	YINO D	218 PLACE OF INJURY (e.g., it home, form, factory, street, of etc.)	n or about 21C. WHERE DI fice bldg., INJURY OCCU	D (If In Boltin	mare City, give exact location)					
MEDICAL	21D.TIME OF INJURY (APPROX.)	(Month) (Day)	(Year) (Hour)	While At Not While Work At Work	• [7]	INJURY OCCUR						
22. I certify that (() (this hospital) attended the deceased from AUGUST 18 1971 to SERTEMBER 9 1971 that (X) (we) last saw the deceased alive on SEPTEMBER 9 19 71 and that in (m)() (aur) apinian death occurred an the date												
and hour and from the causes stated above. XIX (We) (did) XIX (view the body after death.												
23A. SIGNATURE // / 23B. DATE SIGNED							23 B. DATE SIGNED					
	23A. SIGNATE	JRE	//									
	23A. SIGNATU	Vial (	Strato	exalles Atte	nding Med.	Statt V	9-9.71					
	23C. PHYSICIA NAME (1	Vich S	Struti STRAT	STOCK 12 DEGREE Phys	Director L 23D. ADDRESS		9-9.7/ 1229 ATON & WILKENS AVE					
24	23 C. PHYSICIA NAME (1	ich	STRA T	STOCK 12 DEGREE Phys	Director L Director L STAGNES	BALTO MD 2						
24	23G. PHYSICIA NAME (1	MATION, 24B. D. Specify)	5 T R I 7	DEGREE Phys  GH / S, MD  DEGREE C.NAME of CEMETERY OF CRE	Director L 23D. ADDRESS ST AGNES  EMATORY 24	BALTO MD 2 HOSPITAL C.	ATON & WILKENS AVE					
	23C.PHYSICIA NAME (1) A. BURIAL CRE REMOVAL (1) Burial	MATION, 24B. D. Specify)	5 T R II T	1 GAVI /S, MD	Director L 23D. ADDRESS  ST AGNES  EMATORY  24  25C. FUNERAL DIRECT Laurel Fur	BALTO MD 2 HOSPITAL C. D. LOCATION  Savage, H CTOR TOTAL TOTAL TOTAL THE TOT	ATON & WILKENS AVE					



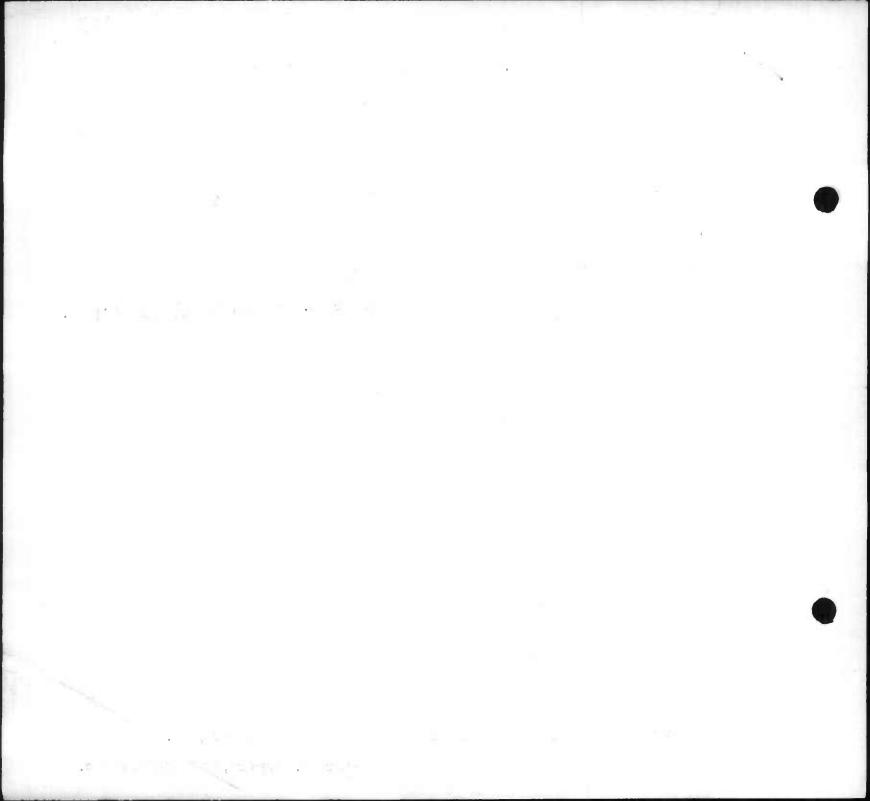
S. SEK   ADDRESS OR LOCATION   NEVER MARRIED   NEVER MARRIED   NO   NO   NO   NO   NO   NO   NO   N	(	)-52	0 71	8615		HEALTH DEPARTMENT	REG. NO.	1 8615
LANGE OF MARTINDOR. MARTINDOR, WHERE PRONOUNCED DEAD  WILL NAME OF ACCESSION OF IN-HOPPIAL OR INSTITUTION, GVE STREET  MARTINDOR'S OF LOCK ANDON  St Agnes Hospital  ADDESS Hospital  St Agnes Hospital  ADDESS Hospital  Retired  Whote St Agnes Hospital  Retired  West Virginia  15. Was Deceased for in U. 3. Annothing Hospital  St Agnes Hospital  St Agnes Hospital  St Agnes Hospital  Retired  West Virginia  16. Morthers Madden Hospital  West Virginia  16. Morthers Made Hospital  West Virginia  16. Morthers Made Hospital  West Virginia  16. Morthers Made Hospital  St Agnes Hospital  St Agnes Hospital  St Agnes Hospital  Retired  West Virginia  16. Morthers Made Hospital  West Virginia  17. INFORMANT  Ethel I Owens, 1712 Morrel1 Pk. Ave.  CAUSE OF DEATH  ST ANDONANT HOSPITAL  ADDRESS OF CONDITION DEATH Hospital  ST Agnes Hospital  ST Agnes Hospital  Address Hospital  A	1, 1	NAME OF DECE			CERTITICA		AND HOUR OF DEATH	
RILL MAKE OF GREAT IN HOSPITAL OR INSTITUTION, GVE STREET INSTITUTION  St Agnes Hospital  CCITY OR TOWN  Baltimore  First AND NUMBER  STREET AND NUMBER  Baltimore  First Ave.,  STREET AND NUMBER  First Ave.,  STREET AND NUMBER  Baltimore  First Ave.,  STREET AND NUMBER  First Ave.,  STREET AVE.,  STREET AND NUMBER  First Ave.,  STREET AVE.,  STREET AVE.,  STREET AND NUMBER  FIRST AVE.,  STREET AVE.,  S	3.	PLACE IN BALTI			UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. II is	nstitution: residence below admission
St Agnes Hospital  Baltimore  St Agnes Hospital  St	FU	ILL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT		IIV PINIE R. CO.	UNTY	2582
ESTREET AND NUMBER  TO ALE WHO THE WHO THE WHO THE WHO THE STREET AND NUMBER  TO ALE OF BIRTH  B. AACE White White White White White White White Who was a w	IN	STITUTION	ADDRESS OR LOCA	A HON)			D. INS	
MARGEL White WIDOCCCO 2/28/O1 Professional P	1	+ St	Agnes Hospi	tal		E. STREET AND NUMBER	rrell Park Av	
INDUSTAL OCCUPATION (Give had of weak) to get a standard of weak) to get a standard of weak within good weak standard of weak of get and get a							9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
13. FATER'S NAME	10A don	e during most of wo	rking life, even if refired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fo	preign country)	12. CITIZEN OF WHAT COUNTRY
Howard Owens    S. Wes Decessed Eve in U. S. Armed Faices?	13.			Ketli	rea			
15. West Deceased Size in U. S. Ameral Raises   16. SOCIAL SECURITY NO.   17. INFORMANT   Ethel I Owens, 1712 Morrell Pk. Ave.   17. INFORMANT   Ethel I Owens, 1712 Morrell Pk. Ave.   18.   18.   18.   18.   18.   19.	Į	Howa	rd Owens					
The stemple of the course of t	15.	Was Decassed E	ver in U. S. Armed For	ces?	1 6. SOCIAL			A DOBESS
DISEASE OF CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., head billing, estimation, estima	(Te:		l yes, give wor ar date	s al service)			,1712 Morrell	
WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING   CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, locdory, street, office bldg., INJURY OCCUR?  DEATH (mostly medical examined)  21D. TIME (Monshi (Dayl (Year) (Hour) 21E. INJURY OCCURRED While At Work  At Work  22. I certify that (II) (this hospital) attended the deceased from that (II) (we) last saw the deceased alive on and horn and from the causes stated above. (I) (We) (did (Idd nat) view the bady after death.  23A SIGNATURE  23A SIGNATURE  23A. SURFACE OF INJURY (e.g., in or obout 21C. WHERE DID (III In Baltimare City, give exact location)  While At   Not While   21F. HOW DID INJURY OCCUR?  While At   Not While   19	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last.  DISEASE OR CONDITION last.						lvaned	
DEATH (notify medical examined)    DEATH (notify medical examined)   DEATH	RTI	0	WAS PERF	ORMED		No		USES OF DEATH?
While At   Not While   At   Work   At   Wo	CAL	DEATH (notify m	WAS UNDERLYING DISCOLOR CAUSE OF edical examined	21 B. hom etc.)	e, larm, lactory, street, off	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Baltimar	e City, give exact location)
that (II) we) last saw the deceased alive on	MED	OF INJURY	Monthi (Dayl (Year)	Whi	le At Not While	21F. HOW DID IN	NURY OCCUR?	
SEP 14 197 Rose of REGISTRAR 25C. FUNERAL DIRECTOR HUMBERS HOWARD ALL WILLIAMS ADDRESS HOWARD ALL WILLIAMS AVE. BALLIMOTE, Md.		22. I certify that (I) (this hospital) attended the deceased from 19 19 ta 19 7/ that (II) (we) last saw the deceased alive on 8/2 19 7/ and that In (my) (our) apinian death accurred on the date and hearnard from the causes stated abaye. (I) (We) (did) (did nat) view the bady after death.  23A/SIGNATURE  Attending Med. Staff Director Phys. 23B. DATE SIGNED Phys. 23D. ADDRESS NAME (Type) 123D. ADDRESS Phys. 23D. ADDRESS Phys. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERT of CREMATORY 24D. LOCATION (Gity, town, or county) (Stole)						
3 LJUEDE VA IV IVED		SEP 14 197 256, NAME OF REGISTRAR 250, FUNERAL DIRECTOR HOWARD HUDBARD FUNERAL HUBBARD AVE., Baltimore, Md.						

The second of the A COMPANY THE ST a to 1977 a base 6 March 1979 

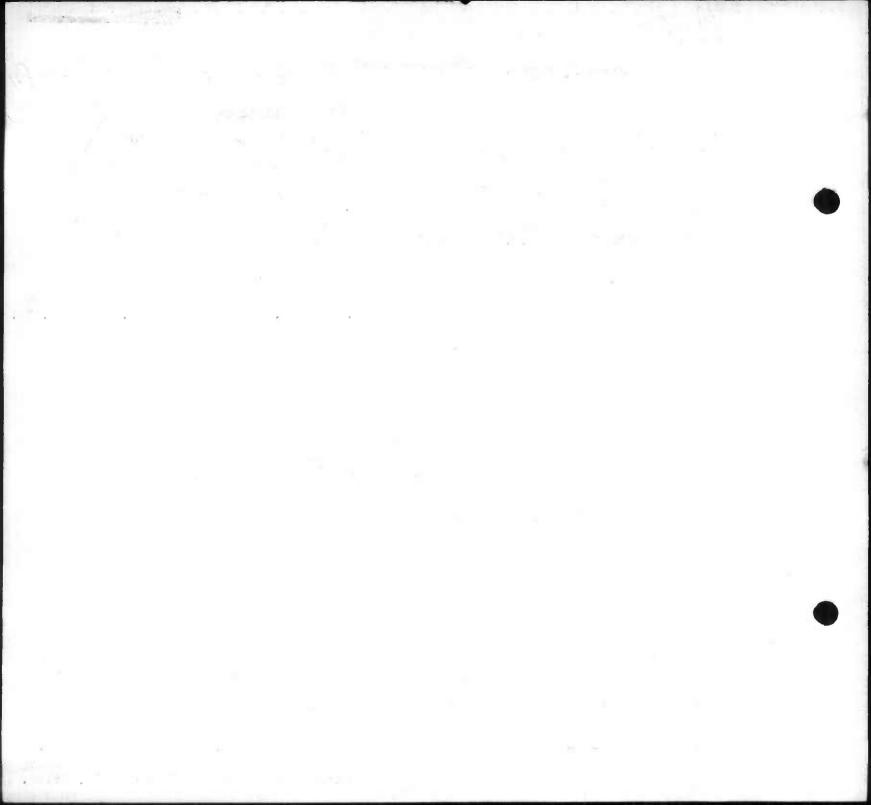
	2 11				BALTIMORE CITY	HEALTH DEPARTMEN	т	1-1 A	
BIR	)-426 TH NO.	71	8616	3	CERTIFICA	TE OF DEATH	REG. NO.	71	8616
1.1	AME OF DECEA	SED				2. DATI	E AND HOUR OF DEA	тн	
	hober+	L. Blue	cher			9	-10-71		8.09 AM
3.	PLACE IN BALTIM	ORE MARYLANI	O, WHERE PR	DNOUNCE	D DEAD	4. USUAL RESIDENCE (	Where deceased lived.	If institution: re	esidence before admission)
FU	LL NAME OF	(IF NOT IN HO	SPITAL OR IN	ΝΟπυτπει	, GIVE STREET	Maryland			2003
IN	STITUTION	· Hospin	tat.			C. CITY OR TOWN	D. 1	INSIDE CITY L	_
2	025 W.	Frayette.	Street	-		E. STREET AND NUMBER	R ,	YES	ио 📗
E	altimore,	Maryla	nd 21.	223		1929 Chr	stian Str	reet	
5. 5	SEX 6.	RACE	7- MARE	IED N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Unde	r 1 Yr. II Under 24 Hrs. Days Hours Min.
1	Tale 1	White	WIDO		DIVORCED X	10-12-05	65		1,10013
don	e during most of worl	ting life, even il refir	work 10B, KINI	,		11. BIRTHPLACE (Stote of	foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
	Retired		Otis	Elevi	ator	Maryland		U.S	S.A.
13.	FATHER'S NAME	$\sim$ 1				14. MOTHER'S MAIDEN	NAME		
C	larence	Blucher				Frances He	rmansdor	ter	
15. (Yes	Was Deceased Eve s, no or unknown) (If	yes, give wor or	dotes of servi	ce) s	OCIAL ECURITY NO.	17. INFORMANT	/		ADDRESS
40	Yes	World Wa	r II	21:	2-03-8958	Helen S. Reyn	iolds, 1923 (	Christia	an St.
	18. 4/2.	4 4/	62.1	1	CAUSE OF DEATI	1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITIÓN ADING TO DEA				- Bil P = Bons	chapneumon	THE	y faces
	lThis does nat heart failure, ast injury ar complic	henio, elc. Il me	ons the dise	e.g., ase,	(A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF:	ac prewiter	CONCIL	
		ECEDENT CAU			Pelman.	en emphysen	24 (5)	1	<b>D</b> . O
		CONDITIONS,		vina	(B)	A CONSEQUENCE/OF:	/-GC.		4>
	rise to the o	above couse	(A) slaling	the	(c) ASC	UD.	************************		
-		11					1		
CERTIFICATION	OTHER SIGNIFICA TO THE DEATH B DISEASE OR CONI	UT NOT RELATED 1	O THE TERMIN	NG IAL	A	on Carajuo	matoris,	lein	, >
IFIC	19A-DATE OF OP	ERATION 198. C	ONDITION F			20A. AUTOPSY? (Yes o	No. 208. IF YES, WE	RE FINDINGS	CONSIDERED
CERI	21A. ACCIDENT	WAS UNDERLYIN	6	218 BLAC		Jes nor obovi 21 C. WHERE DI	L	>	
CAL	OR CONTRIBUTION DEATH (notily me	G   CAUSE OF	non	home, lorr	n, loctory, street, ol	ice bldg., INJURY OCCU	il in Born	more City, give	exoct location)
	21 D. TIME (M	ianth) (Doy) (Ye	eor) (Hour)		RY OCCURRED		INJURY OCCUR?		
2	(APPROX)			While At Work	Not While	· 🗆			
	22. I certify tha	t (1) (this hosp	Ital) attend	d the de	eosed from	September 9		Septemb	u 10, 1971
	that (I) (we) las	it saw the dece	osed alive	on	September	10 19 71 one			h occurred on the date
	ond haur and fram the causes stated obave. (1) (We) (dld) (dld nat) view the bady ofter deoth.								
	23A. SIGNATURE	0 : 115	101006	00 44	Aug	nding Med.	3 51-# ==	238, DAT	E SIGNED
	2000	nehai We	wooden	M.	Degree Phys	Director L	Staff Phys.	9//	0/71
			20400	กมกุ	2	3D. ADDRESS	2000		
24A	SOMC:	HAI WE	RASO	NAME -	· M A) . DEGREE	45		SPITAL	
	Burial	9/14/			Park Cemet		Baltime	ore, Md	
25 A	DATE REC'D BY	HEALTH DEPT.	258. NA	AE OF REG	STRAG	25C FUNERAL DIREC	Hubbard Fu	ineral F	Home Dress
	SEP 14	1971 046	Sent E. F	awer,	/t. D.	Herbb	Hubbard Ft 4107 V	Vilkens	Ave.
VS	150-REV. 1/1/68								



	1 - 2011	CATE OF DEATH REG. NO. 71 8617			
	BIRTH 'NO.  1. NAME OF DECEASED (Type or Print) EliZA beth M. Riddell	2. DATE AND HOUR OF DEATH			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)  M. A. STATE  B. COHNTY  M. OLEY  OF THE CONTROL OF THE			
	HOSPITATION ADDRESS OF LOCATION WITHOUT GIVE STREET	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO NO			
ide.	5. SEX 6. RACE 17. MARRIED TO ANGLES	E. STREET AND NUMBER 4403 Adelle TES.			
is mad	Fende coucasion widowed The DIVORCED T	8. DATE OF BIRTH 9. AGE (in years 8.3 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
isposition	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTIGATION OF BUSINESS OR INDUSTIGA	11. BIRTHPLACE (State at fareign pennity) 12. CITIZEN OF WHAT COUNTRY?			
dispos	Edward millER	14. MOTHER'S MAIDEN NAME  Spill man,			
final	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) Uf yes, give war or dates af service)  16. SOCIAL SECURITY NO.	Edward L. Riddell, 3216 Hewitt Ave.; Md.			
0 1	18. 4/19 (/) CAUSE OF DE	Silver Springs ; Md.  ATH APPROXIMATE INTERVAL			
pe	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH			
Ē	LEADING TO DEATH (This does not mean the made of dying, e.g.,				
balm	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	AS A CONSEQUENCE OF:			
E	ANTECEDENT CAUSES	S. C. V. Durane			
are	DISEASES OR CONDITIONS, il any, giving (B) DUE TO, OR	AS A CONSEQUENCE OF:			
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	arm Sraw Andrew ?			
the remains	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1; (A),				
re the	198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY7 (Yes or No.) 20R, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
pefe	DEATH (natify medical examined etc.)	office bldg., INJURY OCCUR? (II In Baltimore City, give exact lacation)			
a u	21D-TIME (Manth) (Day) (Yearl (Haud) 21E INJURY OCCURRED  OF INJURY (APPROX.)  While At   Nat We ware with the control of the	21F. HOW DID INJURY OCCUR?			
0 0	22. I certify that (1) (this hospital) attended the deceased fram	1968 10 9/10 1971			
Pe	that (I) (we) last saw the deceased olive on				
must	and hour and from the causes stated above. (1) (We) (did) (did nat)	view the bady after death.			
	mon S- Blum A	thending Med. Staff Phys. 23B. DATE SIGNED			
approval	23C. PHYSICIAN'S NAME (Type) SOSCAH S. ALUA MI	23D. ADDRESS  /// ST // CALVERT ST			
	REMBYALISPICITY)  24E. DATE  24C. NAME of CEMETERY of C				
۶	SEP 14 1971 Pale & Fally AD.	125c. funeral pirector Howard H. Hubbard, 4107 Wilkens Ave.			
1	/S 150-REV. 1/1/68				

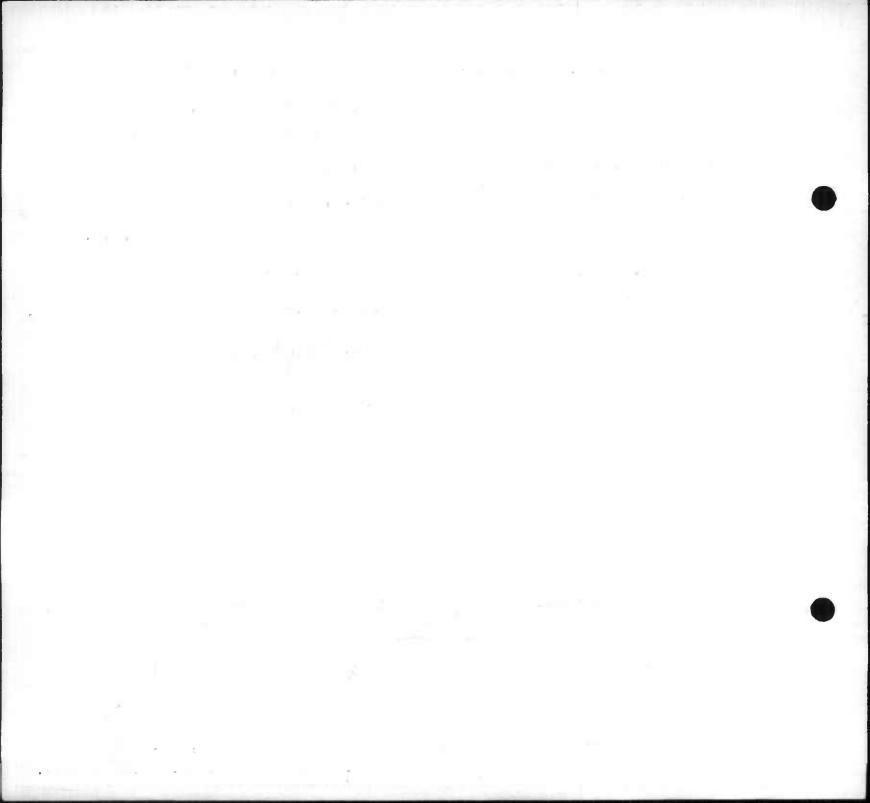


M-46D 71. 8618		HEALTH DEPARTMENT	REG. NO.	71 8618
I.NAME OF PECEASED	The state of the s		ND HOUR OF DEATH	
James J. Mille	r	SE	P. 11-	-711 6.45 D
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived. If ins	stitution residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR HADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	Maryland Bal	timore D. INSI	DE CITY LIMITS?
MIC II		Bowleyls Quar	rters	YES NO W
Ma gent	P.	E. STREET AND NUMBER	0×607	2:220
5. SEX   6. RACE   7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yes, If Under 24 Hiss
M WIDO		Oct. 26. 1895	losi birthdoyl	Months Doys Hours Min.
IOA. USD ALL OCCUPATION (Give kind of work 108. KIN done doring most of Working life even il retired)		11. BIRTHPLACE (State or for	eign country)	12. CITIZEN, OF WHAT COUNTRY?
	. Government	NV		1154
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	00,31
William J. Miller		Fligshoth	Pendergast	
15. Was Deceased Ever in U. S. Armed Forces? [Yes,no or unknown] [If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 ender 8apr	ADDRESS 07.000
Yes WIT		Mrs Ethel R	Miller Box 60	21220 00 Rt. 14 Balto. Md
18.	CAUSE OF DEAT	THE BUILDING	LITTEL DOY OF	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Pard	porese ta	il we	BETWEEN ONSET AND DEATH
CThis does not meen the mode of dying.	(A) IMMEDIATE CAU			
heart failure, aslhenio, elc. Il means the dise injury or complication which caused death.)	ase, DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	Seee	DE COOKE	۷.	244825.
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		77702
rise to the above cause (A) stolling UNDERLYING CONDITION last.		ABSCE SS	4	
and a second sec	(c) 2720	4-3		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19F CONDITION F WAS PERFORMED 112.	IAL ) STATIVO	ILLATED FEM.	HERNIA	
19A DATE OF OPERATION 19K CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ON LETTENING CAU	NDINGS CONSIDERED SES OF DEATH?
	218 PLACE OF INJURY (e.g., II	or about 21 C WHERE DID		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	ice bidg. INJURY OCCUR?	(It in Boltimore	City, give exect location)
OF INJURY (APPROX)	21 E INJURY OCCURRED  While At Not While	21F. HOW DID INJ	URY OCCUR?	
	Work At Work			
22. I certify that (I) (this hospital) attended		8.30	197/ 10 G	197/
that (I) (we) last saw the deceased office		19 7 and th	at in (my) (aur) opini	an death accurred an the date
ond hour and from the causes stated above	p. (I) (We) (dld) (dld not) vi	ew the bady after death.		
	Y / DA Atter	iding Med.	Staff 🖂	23 PATE SIGNED
23C, PHYSICIAN'S / NAME (Type)	DEGREE Phys.	Med. Director 3D. ADDRESS	Phys.	39"
I NAME (Type) AN GANTON	HA	WI Ga	Hora (	5-0240
24A. BURIAL CREMATION, 248, DATE 240 REMOVAL (Specify)	NAME OF CEMETERY OF CRE	MATORY 124D 1	OCATION (City,	town, or county) (Stote)
	st Holy Redeemer			timore Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAA	LE OF REGISTRAR	25C. FUNERAL DIRECTOR		
SEP 14 1971 Robert E. Parker	A.D.	11 /1 /2 3 62		Belair Rd. Balto.
VS 150-REV. 1/1/68				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	aminer. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	re embalmed or final disposition is made.	
This certificate must be approved by the chief medical ex	the body was released to the hospital by a medical ex	shows: (1) An accident of any nature; (2) Body burns; (3)	was D.O.A. at a hospital (except where the physician v	deceased prior to death); and (6) No physician was in	written approval must be obtained before the remains are embalmed or final disposition is made.	

1 / 10 = /   86   3	Y HEALTH DEPARTMENT	8619
BIRTH NO.  L. NAME OF DECEASED	TE OF DEATH	U() I
Anna M. Trockenbret	Sept 8, 1971	1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution:	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Balto.	7-740
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN DATE OF	LIMITS2
00	Bal timore YES X	
	E. STREET AND NUMBER	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5921 Glenkirk Road	5921 Glenkirk Road	
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED     Female   White   WIDOWED   DIVORCED	Apr. 1.1913   58	er 1 Yr. Il Under 24 Hrs. Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or loreign country) 12. CIT	ZEN OF WHAT COUNTRY?
Housewife	Maryland U	.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John W. Neary	Catherine Neary	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknawn) (It yes, give war ar dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
(Ites, no of unknown) (If yes, give war at dales of service) SECURITY NO.	Timothy Trockenbrot 5921 G	lenkink Pd
18. / / 2 1 CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	man Ox. No.	BETWEEN ONSET AND DEATH
(A)MMEDIATE CAL	Wimmy Winy Visitur	1240
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:	••••••••••••••••••••••••••••••••••••••
ANTECEDENT CAUSES	humble CVII	340
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	DAG skull Anthropped and descriptions of a constitution of a light of the state of a constitution of a light of the state	-702-7000-00-00-00-00-00-04
19A-DATE OF OPERATION 1198, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS	CONSIDERED
	IN CERTIFYING CAUSES OF	DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or contributing   CAUSE OF   CAUSE	n or about 21 C. WHERE DID (If In Baltimare City, give fice bldg., INJURY OCCUR?	re exact location)
21D. TIME (Manth) (Day) (Yearl (Haus) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While A! Not While At Work		
22. I certify that (1) (this hospital) attended the deceased from	0.1	10 7/
that (I) (we) last saw the deceased alive on	19 1 and that In(my) (our) epinion dea	th accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) v		cooling on the dule
23A. SIGNALURE	238, D A	TE SIGNED
Mww Un Mm. DEGREE Phys	nding Med. Staff [7]	eat 11
DEGREE	23D. ADDRESS	-
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town,	or county) (State)
Burial 9-11-71 Woodlawn Cemet		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		ADDRESS
SFP 14 1971 ( B. Saul E. Saul E. M. D. O	B. Dabrowski 2818 E. Bal	timore St.
VS 150-REV. 1/1/68		



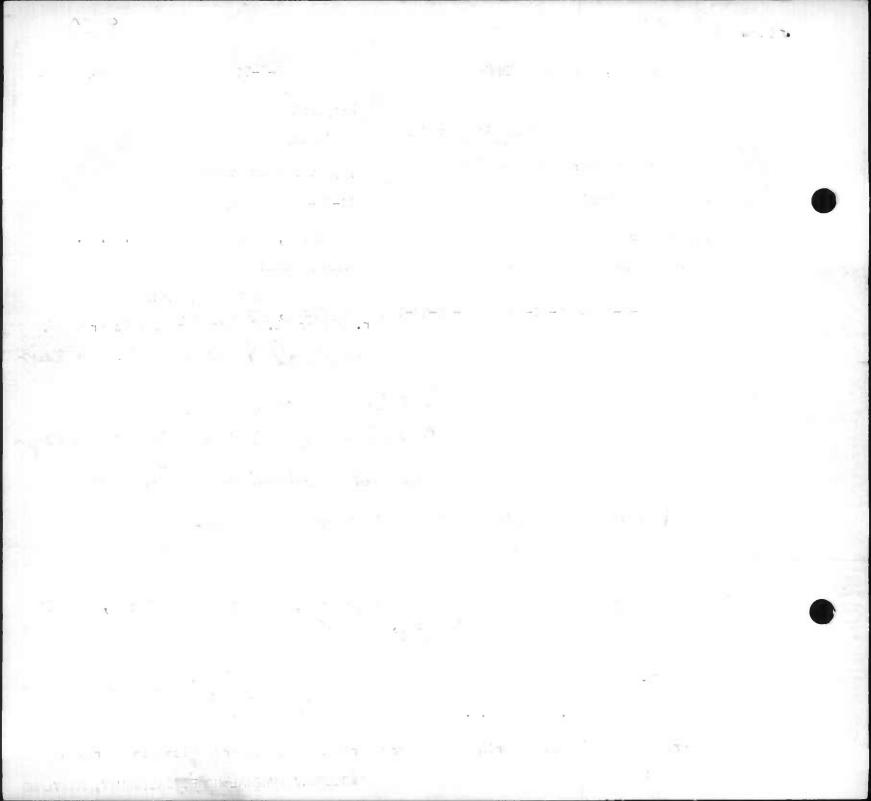
G-13	2 71	8620			HEALTH DEPA		100
1. NAME OF DE	APETZ, Charles	s Philip		•			-9-7
3. PLACE IN BA	LTIMORE, MARYLAND, V	HERE PRONOU	NCED DEAD	)	4. USUAL RES		Where d
FULL NAME OF	ADDRESS OR LOC				Maryl		
	Veterans Admi: 3900 Loch Rav			nital.	Salis	bury	E D
	Baltimore, Ma				905 E		
5. SEX	6. RACE	7. MARRIED	NEVER M	ARRIED X	B. DATE OF BI		9. 1
Male	Caucasian	WIDOWED	DIV	ORCED 🔲	11-13	-98	fost
	UPATION (Give kind of world working life, even if retired)	108 KIND OF	BUSINESS O	RINDUSTRY	11. BIRTHPLAC	E (Slote or	loreign
Brickla	yer				Balti	more,	Mar
13. FATHER'S NA	ME				14. MOTHER'S	MAIDEN	NAME
George	Gapetz				Marth	a Bak	er
	d Ever in U. S. Armed For n) (II yes, give wor or dole		1 6. SOCIAL SECURITY	NO.	17. INFORMAN	T VA	Hosp
Yes	8-3-42 to 2-	11-43	217-03-	74-74A	Balti	hore.	Mar
18. lay	339		CAUSE	OF DEATH	Mr. Wilf	ord L	. Ga
	LEADING TO DEATH		CANIMA	MEDIATE CAUS	a Blat	tera (	) 0
heart failure,	nal meon the mode of , asthenia, etc. It means	the disease,			CONSEQUENC	E OF:	*********

(Type or Print)	2. DATE AND HOUR OF DEATH
GAPETZ, Charles Philip	9-9-71 7:30 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland
Veterans Administration Hospital	C. CITY OR TOWN D. INSIDE CITY LIMITS?
3900 Loch Raven Boulevard	Salisbury YES NO
	E. STREET AND NUMBER
Baltimore, Maryland 21218	905 Evergreen Avenue
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Il Under 24 Hrs.
Male Caucasian WIDOWED DIVORCED	11-13-98   Tost birthdoy   Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Slote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
Bricklayer	Baltimore, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Gapetz	Martha Baker
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service)  SECURITY NO.	17. INFORMANT VA Hospital Records ADDRESS
Yes 8-3-42 to 2-11-43 217-03-74-74A	
	Mr. Wilford L. Gapetz (Son), Sali Schuming are Medavat
	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D Catora () Villed Our hables A Paus
(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAU	A CONSEQUENCE OF:
hearl failure, asthenia, etc. It means the disease, injury ar camplicolion which caused death.)	A CONSEQUENCE OF:
4.0	` 10 0.
ANTECEDENT CAUSES (B) V Noslal	il reus thousand
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the obove cause (A) stoling the	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C) CLEAN	I edewa, has ( ) housefacetal whit 4 days
z	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	nu atdominal abole 1-27
19A. DA LE OF PPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF DERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  MAS PERFORMED  MES PERFORMED  MES PERFORMED  MES PERFORMED  MES PLACE OF INJURY (S. 1)	IN CERTIFYING CAUSES OF DEATH?
OP CONTRIBUTIALS TO CAUSE OF	or about 21 C. WHERE DID Willin Baltimare City, give exact location
OR CONTRIBUTING CAUSE OF DEATH (notily medical examines)  21D.TIME (Month) (Day) (Year) (Hour)  OF INJURY  While At The Not While	hee bidg., INJURY OCCUR?
O 21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not While At Work	211. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	· 📙
22. I certify that 🐧 (this hospital) attended the deceased from S	eptember 1, 19 71 to September 9, 19 71
thot (We) lost saw the deceosed alive an September 9,	19 71 and that In (our) opinion death accurred an the date
and hour and from the causes stated above. (We) (dld) (MixXt) vi	iew the bady after death.
23A. SIGNATURE	23 B. DA E SIGNED
Phoe	nding Med. Shoff T 9 10 7
20C.PHYSICIAN'S	23D. ADDRESS 3900 Loch Raven Boulevard
NAME (Type)	3900 Loch haven boulevard
RICARDO A. CORDON M.D. GEGREE  24A- BURIAL CREMATION,  24B. DATE  24C, NAME of CEMETERY OF CRE	Baltimore, Maryland 21218
REMOVAL (Specily)	tanja tania
Burial 9/13/71 Springhill Memory	Gardens   Salisbury, Wicomico, Maryland
SEP 14 1971 Classed E. Marthey 74 DO O	HOLPOWAY FUNERAL HOME SALTSDIDY MADVI AND

8620

REG. NO.

VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY HEALTH DEPARTMENT X REG. NO. 71 8621
- 11-	INAME OF DECEASED  2. DATE MYO, HOUR OF DEATH
	Typo or Print Richards, Kerry C. 9 mm. Dest 10,1971
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR JOWN D. INSIDE CITY UMITS?
	Chriversity of Mardand E. STREET AND NUMBER
5	SEX 6. RACE 17. MADDISO TO NEVER MADDISO TO B. DATE OF BIRTH 18. AGE 11.
	Make Widowed Divorced 4-13-1921   Widowed Divorced Min.
1	0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	FOREMAN CONSTRUCTION. U.S.A. U.S.A.
	3. FATHER'S NAME RUSSEL Richarts Many Hoffincher
100	5. Was Deceased Ever in U. S. Armod Forces? (es, no or unknown) [Ilf yes, give wor or dates of service]  16. SOCIAL SECURITY NO.
	4es 10-14-42-11-30-45 178-16-0902 Beneal KOOP, Time Form Ma
	18. 44/ OI CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE
	(This does not mean the mode of dying, e.g., healt foilure, osthenio, etc. It means the disease, injury or complication which caused death.)  (A) MMECTALE PASSE  DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES Dissective aring of anto
	DISEASES OR CONDITIONS, if ony, giving  Oue TO, OR AS A CONSEQUENCE OF:
	tise to the above couse (A) stoling the UNDERLYING CONDITION last.
.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTORAL TO 20A. AUTORAL TO 20B. IF YES, WERE FINDINGS CONSIDERED
	Mept 10, 137 Was restricted annually a grata in Certifying Causes of Death?
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (4.g., in or ordard 21C. WHERE GID (If In Boltimoro City, give exoct locotion)  21B. PLACE OF INJURY (4.g., in or ordard 21C. WHERE GID (If In Boltimoro City, give exoct locotion)  DEATH (notify medical examiner)
110	
	(APPOX)   While At   Not While
	22. I certify that (I) (this haspital) attended the deceased from
	and hour and fram the couses stated above. (1) (We) (did) (did not) view the body ofter death.
	23A. SIGNATURE / / 23B. PATE SIGNED
	Attending Med. Staff Phys. Staff Phys. Staff Director Phys.
	23C. PHYSICIAN'S NAME (Type) (+0 JIN BAE, MD Universite Drawland Hospit
2	AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county) (Stotie)
	Burial 19/13/71 St. Davids Cemelery Hanorer york co Pa
2	SFP 14 1971 Partie & Jaben & Jaben & Jaben & Jaben & Jaben & Lline Funeral Home Hampsteal Ind
	SEP 14 1971 Pater & Failer MD. Eline Fineral Home Hampiteal Ind

A SECTION OF THE PARTY OF THE P

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	71 8622	BALTIMORE CITY HEALT	TH DEPARTMENT		
0 £	BIRTH NO.	CERTIFICATE O	OF DEATH	REG. NO.	8622
Such	1. NAME OF DECEASED (Type or Print)	Carll	2. DATE AND HOL	R OF DEATH	~
h.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	Sept.	5,1971	5 pm.
ance o death.		A. STA	AL COUNTY	78 ORD 11 VOID. 16 IN STITUTION: 16	sidence belore odmission)
. 8	HOSPITAL OR ADDRESS OR LOCATION)	L A HUCCHT	Maryland HORLOWN	D. INSIDE CITY LI	MITS?
0 +	Don Secours No	ipital .	Baltimore		№ □
prior	34	E. STR	503 N. Co	Thour St	
gular sed pr made.	N I I I I I	NEVER MARRIED 8. DATE	I lost blet		1 Yr. If Under 24 Hrs. Doys Hours Min.
S G	10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BI	DIVORCED	1/17/09	61	
th was in the dec	done during most of working life, even if reffred)		11.00	12. GH2	LEN OF WHAT COUNTRY?
ras osil	13. FATHER'S NAME	14. MC	OTHER'S MAIDEN NAME		(1, 2,
h w dispo	Amos Scott		Martha	Carto	<b>&gt;</b>
a 0 =	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service)	SOCIAL SECURITY NO.	DRMANT	4-	ADDRESS
三年	yes V	14-05-7107 /5	ertha Wall	an to	line
pronounced lar attenda sbalmed or	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	him head	failure!	APPROXIMATE INTERVAL
atte	LEADING TO DEATH (This does not mean the mode al dying, e.g.,	(A) IMMEDIATE CAUSE	sible Myocardial	infarction	day
ar	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS A CONSE	EQUENCE OF:/	C .	
0 0 0	ANTECEDENT CAUSES	20 Digitalis	intoxication		
¥h are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A CONS	SEQUENCE OF:		***************************************
s in	UNDERLYING CONDITION last.	(c) ASCVD			year
va ma	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. Date of Operation 198. Condition for while was Performed				
7.0 5	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION 20A.	AUTOPSY? (Yes or No.) 208,	F YES, WERE FINDINGS ERTIFYING CAUSES OF D	CONSIDERED
re the physic fore th	U 21A ACCIDENT WAS UNDERLYING 21B PLA	ACE OF INJURY (e.g., In or obou	3	7	7
where to No phy d before	OR CONTRIBUTING CAUSE OF home, (etc.)	arm, factory, street, affice bldg.	INJURY OCCUR?	(if in Boltimore City, give	exoct locotion)
300	OF INJURY (Month) (Doy) (Year) (Haus) 21E, IN.	IURY OCCURRED	21F. HOW DID INJURY OC	CUR?	
d (6)	Wark	At Work			
hospital (except o death); and (6 I must be obtaine	22. I certify that (1) (this hospital) attended the a	leceased fram	19 7/	_to9-&	19_7/_
ospital (death); nust be	that (1) (we) last saw the deceased alive an			y) (our) apinian deat	accurred an the date
ospit deat must	and have and from the causes stated abave. (1) (N 23A-SIGNATURE		bady after death.	23B, DATE	SIGNED
to of m	Somehai Werasox	Then Decree Phys.	Med. Staff Phys.		8/7/
at a rior	Somehai Werador 23C. PHYSICIAMS NAME (Type) SOMCHAI WERASO	23D. ADD		- Id. 51	9
d p	1124A BURIAL CREMATION, 124R, DATE 124C MARK	DEGREE	120 Jecon	15 HTS 1- F	
D.G ten	Bure 9/11/21 M	F. Caluan	100	(City, town, or	county) (Stote)
was D.O.A. at a deceased prior to written approval	SEP 14 197 Jobes E. Valley		UNERAL DIRECTOR	11 Will 1773	ADDRESS MALLAS
	VS 150-REV. 1/1/68	CV.	angus 40	49-1121	

VS 150-REV. 1/1/68

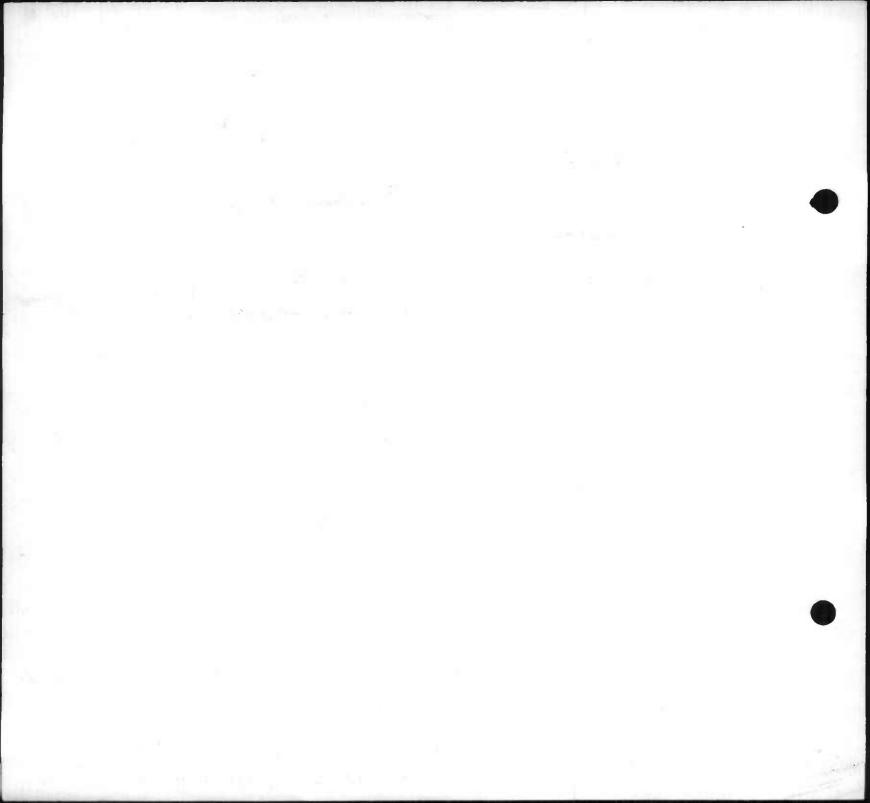
				į		
examiner or his assistant if death occurred in a hospital and	xaminer. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	who pronounced death was in regular attendance on the	regular attendance on the deceased prior to death. Such	are embalmed or final disposition is made.	
This certificate must be approved by the chief medical	the body was released to the hospital by a medical e	shows: (1) An accident of any nature; (2) Body burns; (3	was D.O.A. at a hospital (except where the physician	deceased prior to death); and (6) No physician was in	written approval must be obtained before the remains	

2

BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 7 SEPT 1971 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission) A. STATE FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE UNIVERSITY OF MARY NOF YES 12 E. STREET AND NUMBER 1611 EDMONSON AVE 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED If Under 24 Hrs. Il Under 1 Yr. Hours WIDOWED DIVORCED March 1904 C 67 IOA USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 171, BIRTHPLACE (Stote of foreign country 12. CITIZEN OF WHAT COUNTRY? dene during most of working life, even if retired) 13. FATHER'S NAME Genimaah Palmer
15. Wos Deceosed Ever in U. S. Armed Forces?
(Yes, no or unknown) (II yes, give wor or dates of service) Bertha Smith 6. SOCIAL 17. INFORMANT EDM ANDRESS SECURITY NO. No Martha Warrick 554030asge Ave Phil, Pa. 217-12-3261 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenia, etc. Il means the diseose. injury or complication which coused death.) PERITONITIS ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIABETES TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, lactary, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examined) elc.) 21 D. TIME OF INJURY (Manth) (Doyl (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Wark 75EP7 22. I certify that (1) (this hospital) attended the deceased from SEPT that (1) (we) last saw the deceased alive an and that in (my) (our) apinion death occurred on the date and haur and from the causes stated obave. (1) (We) (did) (did nat) view the bady after deoth. 23A. SIGNATUR Attending Director -23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEDT. F, ROGERS DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Baltimore, Maryland 7] Mt. Aubufn Cem 25C. FUNERAL DIRECTOR ADDRESS

lington S.

Phillips 1727 N. Monroe Street

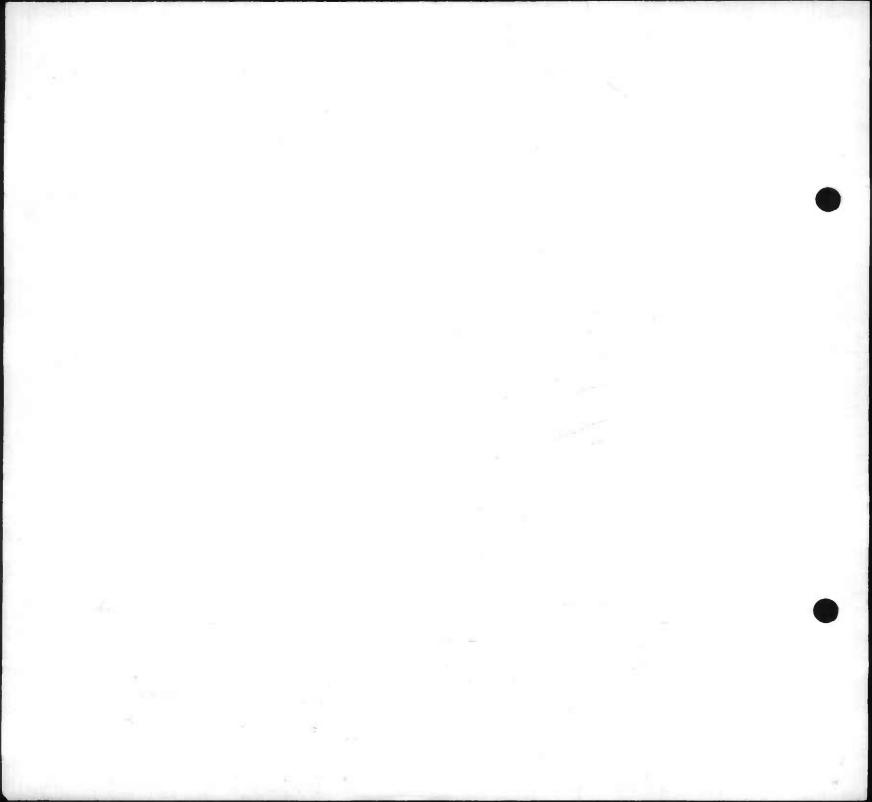


#### IMPORTAN DIRECTOR: FUNERAL

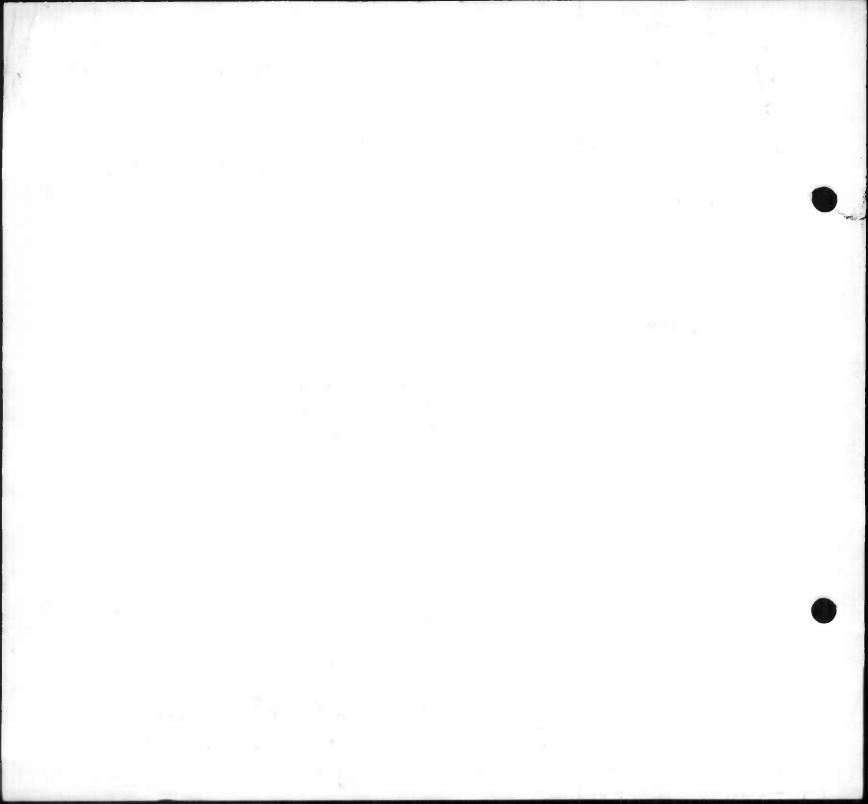
etermined cause; (5) Deceased Such of death uo hospital ath. attendance contributing cause P 0 prior e. regular deceased BE disposition = (4) Und SID the 3 assistant DO death final attendance any pronounced 0 med fracture embal regular who are hysician before the remains the chief medical burns; medical Was physician 0 Body 0 where ° hospital any nature; obtained 9 approved (except and to the 99 hospital death) was released must accident 0 approval 0 prior at An deceased written ap shows: (1) he body o

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) FRAZIER, Nellie 8-16-71 2:56 P. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MD. HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore YES X NO Union Memorial Hospital E. STREET AND NUMBER 2049 Belvedere Avenue 5. SEX 6. RACE \* MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yi. If Under 24 Hrs. last birthday Hours WIDOWED DIVORCED 70 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT (Yes, no or unknown! (If yes, give wor or dates of service) ADDRESS SECURITY NO. GAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardio-A) MMEDIATE CAUSE (This does not mean the mode of dying fig. heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF VAScular disease ANTECEDENT CAUSE Bronchial asthma DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If bigg rise la the above coust (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOTRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. JAK 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS REFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, larm, loctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) 21 D. TIME (Month) (Day) (Year) (Houd 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROXI Work At Work 22. I certify that (I) (this hospital) attended the deceased from... February that (I) (we) last saw the deceased alive on.... ond that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending X Aug. 27, 1971 23C. PHYSICIAN'S 23D. ADDRESS NAME (Typel Llova E. Saylor M. DEGREE 24A. SURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATO REMOVAL (Specify) (Stote)

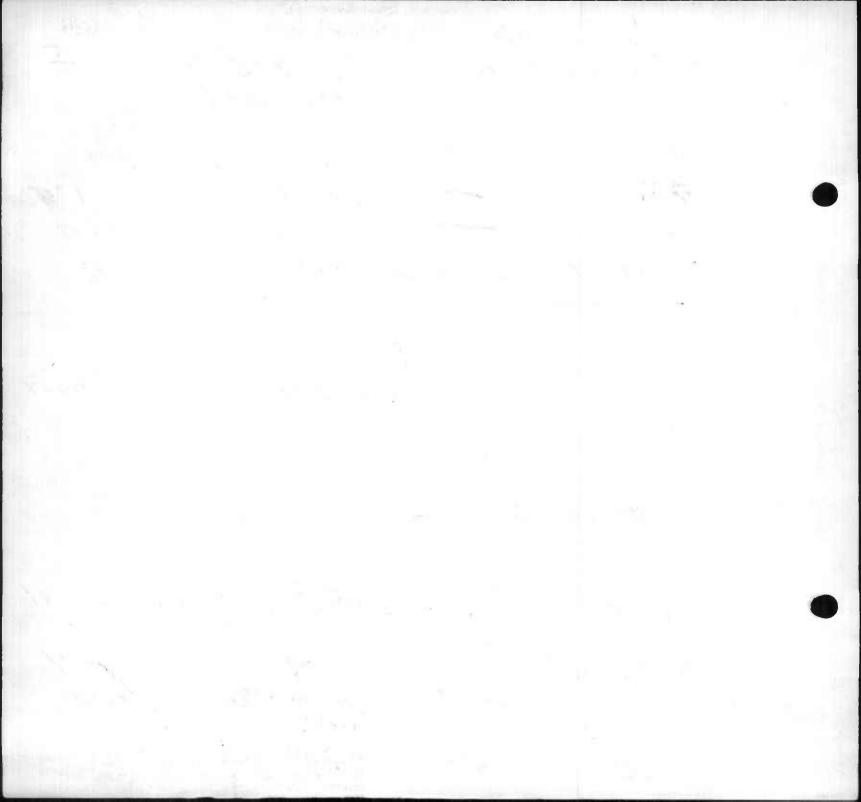
25A. DATE REC'D BY HEALTH PER NAME OF REPUTAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH of death etermined cause; (5) Deceased uch BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type ar Print) 0 31-7 hospital eath. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)
A, STATE B, COUNTY ance B. COUNTY contributing cause FULL NAME OF HOSPITAL OR INSTITUTION Ö (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) attend C. CITY OR TOWN 0 D. INSIDE CITY LIMITS? Memorial nurse YES 🔀 prior NO regular made 5. SEX 6. RACE 7. MARRIED deceased 8. DATE OF BIRTH NEVER MARRIED 9. AGE (in years Il Under 24 Hrs. Hours i Min. Il Under 1 Yr. lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) 0 (4) Und Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME assistant 00 death 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT or final (Yes, na or unknawn) (If yes, give war ar dotes at service) ADDRESS SECURITY NO. attendance 10-2775 any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH fracture (This daes not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF ular heart lailure, asthenia, etc. It means the discose, examiner injury ar camplication which caused death.) ANTECEDENT CAUSES 0 0 ¥ ¾ re are DISEASES OR CONDITIONS, if any, giving CONSEQUENCE rise la the above cause (A) stoling the the physician before the remains UNDERLYING CONDITION lost Was medical burns; Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician Body 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Tes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 8 IN CERTIFYING CAUSES OF DEATH? any nature; (2) 21 A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (II In Boltimare City, give exact location) hospital ° MEDICAL DEATH (natify medical examined) obtained 21 D. TIME (except w ; and (6) (Month) (Doyl (Year) (Hour) 21 E INJURT OCCURRED 21F. HOW DID INJURT OCCUR? OF INJURY approved Not While While At (APPROX.) Wark At Wark to the 22. I certify that (1) (this haspital) attended the deceased leath); that (i) (we) lost sow the deceased alive on... of hospital and that in(my) (aur) opinion death accurred on the date and hour and fram the causes stated above. (1) (We) (did) (did not) view the body after death. was released must An accident T 23 B. DATE SIGNED Attending | 0 Staff approval Phys. Director 8 DEGREE prior 23 C. PHYSICIAN'S + 23D. ADDRESS NAME (Type) DEGREE 24A. BURIAL CREMATION, deceased 24B. DATE 24C. NAME of CEMETERT OF the body 0.0 REMOVAL (Specify) (Stote) shows: Was 25A. DATE REC'D BT HEALTH 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68

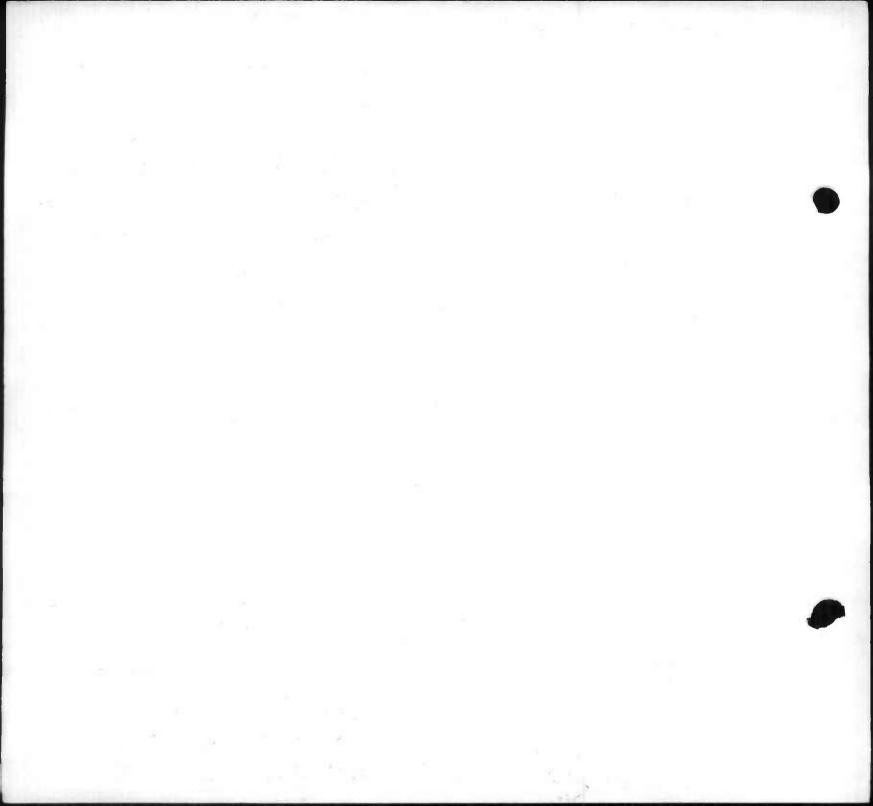


B-650 -		CITY HEALTH DEPARTMENT	- / 17	11 0000
LE CASE NO 1- 14822	8626 CERTIF	ICATE OF DEATH	Registered Na.	0626
PANY BOU BY	own	2. DATE A	ND HOUR OF DEATH	5-15
FULL NAME OF HOSPITAL OR INSTITUTION  ALTIMOR, MA  (If not in hospital oddress or location	RYLAND or institution, give street	4. USUAL RESIDENCE (WHA, STATE B, COU		120.
Union Mem	orial Hos	D. STREET ADDRESS (1)	frurol, give location) North	AVR
SEX A TO S. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	B. DATE OF BIRTH	9. AGE (In years If lost birthday)	Under 1 Yr. If Under 24 Ionth's Doys Hours M
DA. USDAL OCCUPATION (Give kind of work one during most of working life, even if retired)	108, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SING or for	reign country) [1	2. CITIZEN OF WHAT COUNTRY?
A FATHER'S NAME	- [	14. MOTHER'S MAIDEN NA	· · · -	1. 10
Wos Deceased Ever in U. S. Armed For es, no grunknown) (If yes, give wor or dote	ces? s of service) 16. SOCIAL SECURITY NO.	2 TOWN	Daiss	ADDRESS
18. 97/21/		JSE OF DEATH	726	INTERVAL BETWEEN
DISEASE OR CONDITION DIE	RECTLY	Oromatus	YITU	
(This does not mean the made of heart failure, asthenia, etc. It means injury or complication which coused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.	ony, giving	Prematu Respirato	ry distre	s / how
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING	TED TO THE			
19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	DITION FOR WHICH OPERATION FORMED  RESP. 415TV  TIR PLACE OF INJURY	20A. AUTOPSY? (Yes or h	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?  ity, give exact location)
21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	While At N	D 21 F. HOW DID IN	IJURY OCCUR?	
22. I certify that (I) this hospita that (I) (we) last sow the decease	Contract of the same	Sept 5	19 7/ ta Sep	n death accurred on the
and have and from the causes sta				
33A. SIGNATURE	3/02) M.E	Phys. Director	Stoff Phys.	9-8-7/
PHYSICIAN'S NAME (Type)	tostel	M.D. Union 1	remorrial	HOSP
REMOVAL (Specify) 24B. DATE	7/ 24C. NAME OF CEMETERY	" ANATOMY BO	ARD OF MAR	YLAND
GED 14 1971 Rose	258. NAME OF REGISTRAR	UNIVERSITY OF	MEDICAL SC	ROOLADDRESS
\$ 150-REV, 1/1/65			CERVICE	ROTTO



This certificate must be upproved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	0-520		HEALTH DEPARTMENT	/ PEG NO 17/4	accor t
	BIRTH NO. 71-1440 8627	CERTIFICA	TE OF DEATH	REG. NO.	8627
	Type or Print) Baby Owens		9-1	D HOUR OF DEATH	12;40 A
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	A. STATE B. COUN	re deceased lived, If instit LTY	ution: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
	Mercy Hospital		Baltiform E. STREET AND NUMBER		es 🖄 NO 🗌
	37		22/10	Kemi	no aux.
	S. SEX  O  O  O  O  O  O  O  O  O  O  O  O  O	DIVORCED DIVORCED	S. DATE OF BIRTH	9. AGE (in years lost birthday)	Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS done during most of working life, even if refired)		.9	2	12. CITIZEN OF WHAT COUNTRY
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	C( )/3
	Owens, Larry		Peacotte, 5	theila	
- 11	Yes, no or unknown) (If yes, give war or dates at service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO, OR AS	SE Cardiorespired	and I allow	<u> </u>
	injury or complication which caused death.)  ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	me Premyth A CONSEQUENCE OF:	~ (\$)	21/2 hrs.
	rise to the above couse (Al stoting the UNDERLYING CONDITION lost,	(c)		*******************************	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	None	100 A		
	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes or No.	10 CERTIFYING CAUSE	DINGS CONSIDERED
	O 21A ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  O 21A ACCIDENT WAS UNDERLYING 21B. PLAC home, for	CE OF INJURY (e.g., in rm, factory, street, off	or obout 21C. WHERE DID	(If th Boltimore C	ity, give exact locotion)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU OF INJURY (APPROX.) While At	DRY OCCURRED Not While At Work	21F. HOW DID INJ	URY OCCUR?	ę
	22. I certify that (I) (this hospital) attended the de		E/31) I	971 10 9	11 1971
	and haur and from the causes stated above, (1) (We	7		at ki (my) (our) apinfo	n death accurred on the date
	23A. SIGNATURE	) (ata) (ata-mai) vi	ew the bady after death.	23	B. DATE SIGNED
	Tomsto, M.D.	DEGREE Phys.		Steff Phys.	9/1/1)
	23C.FHYSICIAN'S NAME (Type)	A I	3D. ADDRESS NATOMY ROA!	RD OF MAR	YLAND
	44. SURIAL CREMATION, 24B. DATE 24C. NAME (REMOVAL (Specify)				lown, or county! (Stotel
	(4(1 ~/ )	111	MIVED CITY M	FINE AT NOT	สอดเ
	SEP 14 1971 Pale E. Faller	GISTRAR			BCHD <sup>PDRESS</sup>



		Y HEALTH DEPARTMENT	2000
	TH NO. 71 320478628 CERTIFICA	ATE OF DEATH REG. NO.	8628
(Ту	Baby airl Nicks	2. DATE AND HOUR OF DEATH	8 35 M
3.	PLACE IN JALTIMONE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; reside. STATE B. COUNTY	dence before admission)
FU HO IN	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland,  C. CITY ORTOWN D. INSIDE CITY LIM	1203
le-	Union Memorial Hosp.	E. STREET AND NUMBER	NO []
5,	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under )	Yr. If Under 24 Hrs.
104	WIDOWED DIVORCED	9-7-7/ lost birthdoy) Months D	oys Hours Min.
don	e during most of working life, even if refired)	11. BIKINFLACE (State of foreign country) 12. CITIZE!	OF WHAT COUNTRY?
12	FATHER'S NAME	Maryland, USA. L	15A
'-	TAINER'S HAME	14. MOTHER'S MAIDEN NAME	
15	Was Decoased Ever In U. S. Armed Forces?   16. SOCIAL	Aick Carolyn	1
(Ye	the orunknown) (If yes, give war or doles af service)  SECURITY NO.	17. INFORMANT	DDRESS
	18. 763 9 1 CAUSE OF DEAT		APPROXIMATE INTERVAL
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Δ .	WEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	USE Caydiac Oyyest	8 Omin
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF	
	ANTECEDENT CAUSES	Sames	11 days
	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS	S A CONSEQUENCE OF:	1. augs
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)		
	11		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
S	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 119B CONDITION FOR WHICH OPERATION	20A. AUTOPSYS (Yes or No.) 20B. IF YES, WERE FINDINGS CO	DATIOERO
E	umb artery cath meonatal resp. distr	IN CERTIFYING CAUSES OF DE	ATH?
11 -	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, form, foctory, street, or		xoct locotion)
CA	DEATH (notify medical examine)	inte stays into as occor.	
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROX.) While At Work At Work	le 🗆	
	22. I certify that (1)(this hospital) attended the deceased from	Sopt 7 197/19 3005	7 197/
	tha ((1) (we) last saw the deceased alive an	7 19 7 ond that ! ((my) (our) opinion death	accurred on the date
	ond hour and from the causes stated above. (1) (We) (did) (did not)	view the body after death.	
	23A. SIGNATURE	anding Med, Stoff S	SIGNED
1	The MUMICONE, M. P. DEGREE Phy	s. Director Phys. Doo	B. 7. 7/
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	011
244	DEGREE  SURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY PINGR	BEEN UNCON MERROTIAN	HOSP.
	REMOVAL (Specify)	LAWA ROUKDORY WYNEW PORTOR	bunty) (State)
254	DATE REC'D BY HEALTH-DERT - 2550 NAME OF REGISTRAR TYLY	WEST SCHOOL	ADDRESS
9	EP 14 97 VALLE E STANAME OF TERSTRAR	FIFTH CFRVICE - B	CHIN
VS	150-REV. 1/1/6B	MUNITURITY SERVICE	

19/20/11- Cause of Death

Eremetice regit of membrane

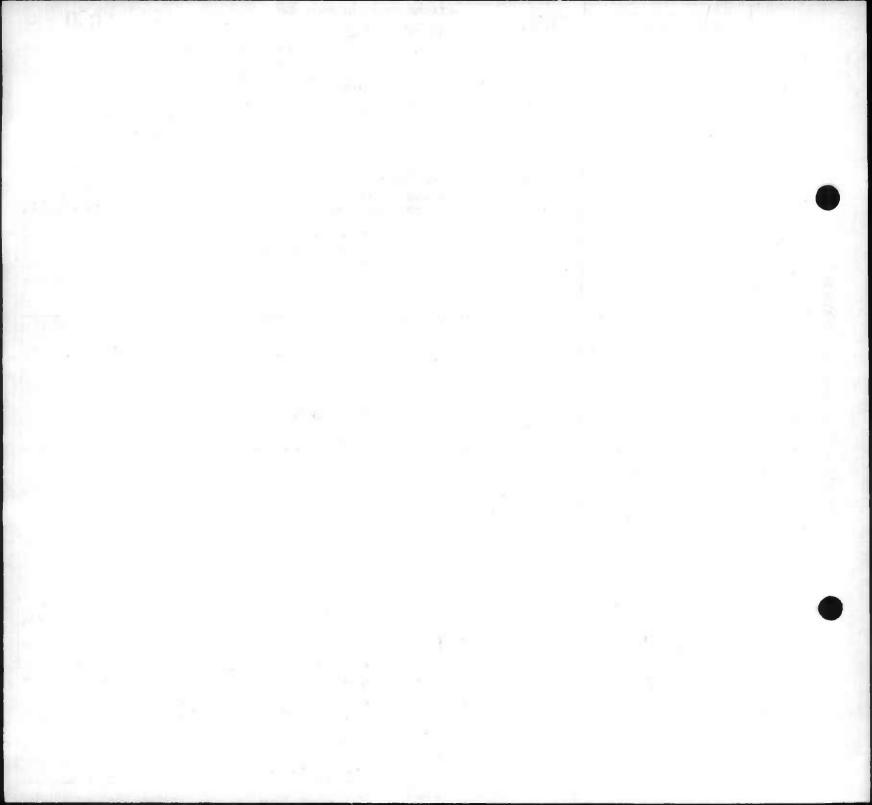
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Spormalion from Kistory from unon hem Help

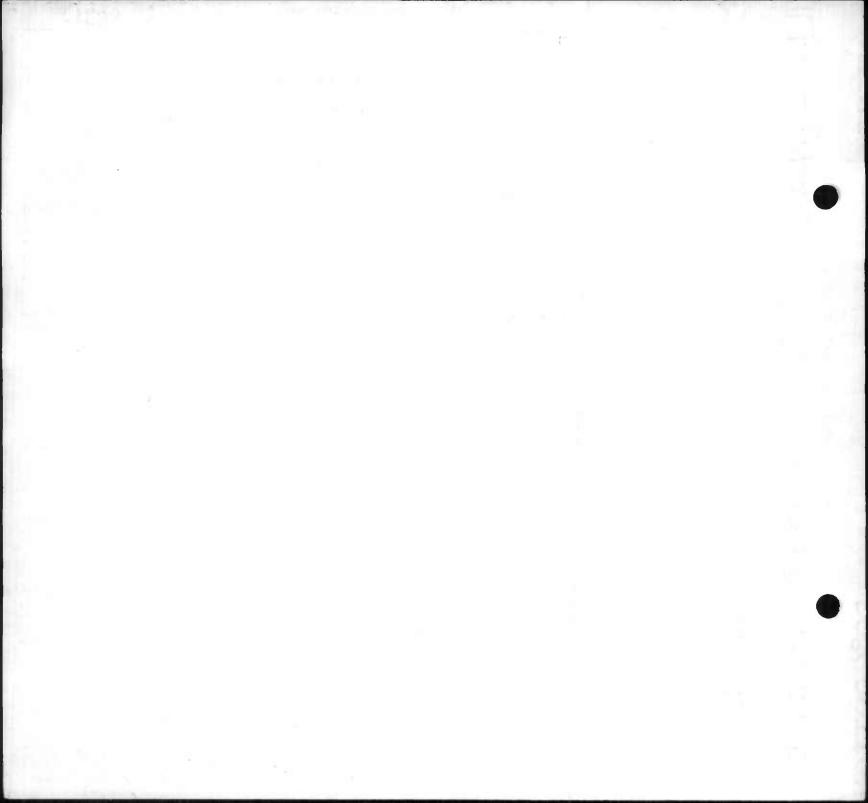
Lee Dae't file Bur of Brostotistics

7	152	7	•	BALTIMORE CIT	Y HEALTH	DEPARTMENT	1	71	8629	
BIR		-14487	8629	CERTIFICA	ATE O	F DEATH	REG. NO		0020	9
	AME OF DECE	aby Girl					ND HOUR OF DEA		3:47	A M
3, 1		MORE MARYLAND		NOUNCED DEAD	4. USUA A. ŞTATE	L RESIDENCE (Who	ere deceased lived.	If institution:	residence before	odmissian)
FU	LL NAME OF	(IF NOT IN HO	SPITAL OR INS	TITUTION, CIVE STREET	Mar	yland & cou	NIII		12	0 4
HO	SPITAL OR	ADDRESS OR L	OCATION)	TITUTION, GIVE STREET	C. CITY C	OR TOWN	D.	INSIDE CITY	LIMITS?	4
	-					ltinore		YES	00	
	37	Mercy Hos	nital T	no		T AND NUMBER			-	
_						6 N. Calv				
	Female	N egro	WIDOW			9/2/71	9. AGE (In years lost birthday)	Months	er 1 Ye If Und Days Hours	or 24 Hrs. Min.
IOA	USUAL OCCU	PATION (Give kind of orking life, even if refir	work 108, KIND	OF BUSINESS OR INDUSTR			eign country)	12. CI	IZEN OF WHAT	COUNTRY?
- Corr	Newborn	The state of the s			Mar	yland		Ì	USA	
3.	FATHER'S NAM				14. MOT	TER'S MAIDEN NA	ME			
	Ronnie	Tosian			T_	retta Evan				
5.	Was Deceased	ever in U. S. Armed	Forces?	16 SOCIAL	17. INFOR	MANT	10		ADDRESS	
161	i, no or unknown/	ur yes, give war or	adies of service	SECURITY NO.	1					
_	18.	2.3/		CAUSE OF DEA	TH				APPROXIMATE I	
н	DISEASE	OR CONDITION	DIRECTLY						BETWEEN ONSET	AND DEATH
	t.	EADING TO DEA	TH	(A) IMMEDIATE CA	USE	IMMATUR	PITY			
	(This does no	t mean the mode isthenia, etc. It me	of dying, a	Co DUE TO OP AS	A CONSEC	UENCE OF:				
Н	injury or comp	lication which can	sed death.)							
	A	NTECEDENT CAU	ISES	(0)						
		CONDITIONS,			S A CONSE	QUENCE OF:		************		**********
		above cause		(c)						
		11	<u></u>	(0)						
NO	OTHER SIGNIFIC	CANT CONDITIONS BUT NOT RELATED	CONTRIBUTION	G						
ATI	DISEASE OR CO	NDITION GIVEN IN	PART I (A).							
ERTIFICATION	19A-DATE OF	OPERATION 198 (	PERFORMED	R WHICH OPERATION	20A.	LUTOPSYS (Yes at N	O) 208, IF YES, W	CAUSES OF	S CONSIDERED	
CE	21A. ACCIDEN	T WAS UNDERLYIN	10	218 PLACE OF INJURY (e.g., home, farm, factory, street,	in et about	21C. WHERE DID	(If In Bol	timore City, gi	ive exact location)	
4	DEATH (notify	MNG CAUSE OF		home, form, factory, street, etc.)	office bldg.	INJURY OCCUR				
EDIC	210. TIME	(Month) (Day) (Y	ear) (Hour)	21 E INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?			
ME	OF INJURY (APPROX)			While At - Not Wh	ile 🖂					
				110111				0		-1
	730			d the deceased from	9-2	7 1	.19ta	9-		9_7/_
	that-(f) (we)	ast saw the dece	eased alive o	n 1 - 1	19	71 and ti	hat In (my) (aur)	opinion de	ath occurred or	the date
	and hour and	from the causes	stated above	· (1) (Me) (q1q) (q1q wor)	view the i	oody after death.		7.1		
r	23A. SIGNATUI	A.	l i			40 5		23 R. DA	TE SIGNED	1
	au	naus M	Mars	uala DEGREE Ph	tending	Med. Director	Staff Phys.	4-	2-11	
1	PHYSICIAN NAME (Ty	peł	MACARA	EG UP.	NAT	AMV BOA	RD OF A	AARYL	AND	
24/	A. BURIAL CREA	AATION, 1248, DAT		NAME of CEMETERY of C	REMATORY	240	LOCATION	(Gityp the	County)	(State)
	REMOVAL (S	g-g	7/	1	JNIVE	RSITY	MEDICAL	Scho		
25/	SEP 14	971 Page	BE Jail		25C	ORTHAR	Y SERV	ICE -	RCHP:	
VS	150-REV. 1/1/6	6								

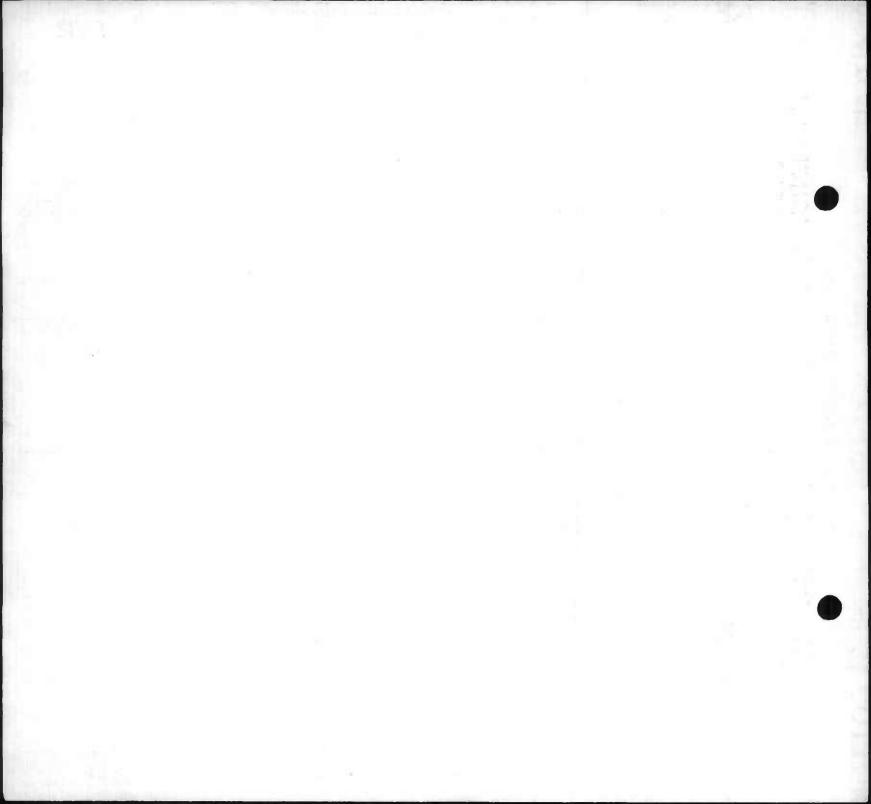
	\ =0== E14 0000	BALTIMORE CITY	HEALTH DEPARTMENT		71 8630 4
BIR	J-525 71 8630	CERTIFICA	TE OF DEATH	REG. NO	11 8600 4
	pe or Print) B ABY Day	JOIMSon		AND HOUR OF DEATH	3 45Pm
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PROMO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If i	institutions residence before admission)
FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTIT DISPITAL OR ADDRESS OR LOCATION)	UTION, GIVE STREET	C, CITY OR TOWN	BALTI	YNORE COURS
	UNION		Comota		YES NO
f	wan pour Hass		E. STREET AND NUMBER		D. 977 102
11	SEX 6. RACE 7. MARRIED WIDOWED		DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Haurs Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
1	2 m 6		MD		0811
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	500 NET 204186	(A)	SHARUN	W	108 AN
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! Of yes, give war or dates of service!	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	16. 7 7 7 X 1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		-0.00	110.71	
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAL		1415107	1 Hel 2 M
	heart failure, authoria, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or complication which caused death.)  ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stating the	K			
	UNDERLYING CONDITION lost	(c)			
ICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
Y	DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A AUTOPSTE (Yes or	No. 208, IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFI	O DOVON WAS PERFORMED	2200	NO	IN CEKIIFIING C.	AUSES OF DEATH!
CAL CE	121A. ACCIDENT WAS UNDERLYING 1211	ne form, factory, street, o	n or obout 21 G. WHERE DID line bidg. INJURY OCCUR?	(If In Baltime	ore City, give exact location)
100	OF INTURY	E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
2		hile At D Not While	• 🗆		
	22. I certify that (IL(this hospital) attended		5 T F 3 C	19 ] \ to	15 61 19 71
	that (IX(we) isst sow the deceased alive on.	The same of the sa	19	that In (my) (our) or	pinion deoth occurred on the dote
	and hour and from the couses stated above.				
	23 AF STON ATURE	1			238, DATE SIGNED
	Carles H leve a B	) WD DEGREE Phy	ending Med. Director	Staff Phys.	1915171
	23C.PHYSICIAN'S NAME (Type)	D. D. C.	23D. ADDRESS		
	EDWARDH. CAHILL	MD DEGREE	123 na	The Andre	LO SOUTH ON OUS WO
24	A. BURIAL CREMATION, 248. DATE 24C.N	AME OF CEMETERY OF AR	PANAGRA PALL DUG	TINCATION I TIL	City) towns of country) (State)
	9-9-11	¥3	VTISCAVILL	MEDICAL S	CROOL
25	SEP 14 1971 Color E. MAME	OF REGISTRAND	A GRADA	RY SERVI	CE - BOHD
VS	150-REV. 1/1/68				



P	1100 1011	0.4	BALTIMORE CITY	HEALTH I	PEPARTMENT	1	71 8631
BIRTH NO.	67-131786	31	CERTIFICA	TE OF		REG. NO	- 000T
1. NAME OF	Baby Bay	Robe	n #4			D HOUR OF DEATH	1 /05 AM
		VHERE PRONOL		4. USUAL	1.	ne deceased lived. If in	/1 ///
FULL NAM HOSPITAL C	R ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	md	TOWN BO	ito.	DE CITY LIMITS?
S	outh Baltine	re G	everal Hosp.	B. STREET	AND NUMBER	e	YES NO
4	<b>&gt;</b>			70	OS Read	bird Ave	, Apt. #201
5. SEX	6. RACE NCG+0	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8 DATE 0	1	9. AGE (in years last birthday)	Months Days Hours Min.
	OCCUPATION (Give kind of wor ost of working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHP	LACE   State or fore	gn Country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER	NAME	1		14. MOTH	ER'S MAIDEN NA	ME	<u></u>
	?			C	ethy Ro	berts	
15. Wes Dec	eased Ever in U. S. Anned Fo (nown)[lif yes, give war or date	rces?	16. SOCIAL SECURITY NO.	17. INFORA		70(13	ADDRESS
			3200000	/	tospital	chart	
18.	82,91		CAUSE OF DEAT	4	#		APPROXIMATE INTERVAL SETWEEN ONSEY AND DEATH
0	ISEASE OR CONDITION DI LEADING TO DEATH	RECTLY			loopalal	Soicie	5 days
(This d	oes not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQU	ENCE OF	l Sepsis	3 0.475
injury o	ilure, asthenia, etc. It means r complication which caused	i death.)		with	pheun	roma	
	ANTECEDENT CAUSES	\$	(8)		(		
	ES OR CONDITIONS, If		DUE TO, OR AS	A CONSEQ	UENCE OF:		
	LYING CONDITION lost	sintiff to	(c)			-	
	II IGNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO	NTRIBUTING					
<b>■ DISEASE</b>	OR CONDITION GIVEN IN PAI TE OF OPERATION 1984 CON WAS PEI	RT 1 (A).	WHICH OPERATION	20A-At	TOPSY? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
19A.DA	WAS PEI				X	IN CERTIFYING CA	USES OF DEATH?
OR CON	CIDENT WAS UNDERLYING [ITUBUTING ] CAUSE OF Inotify medical examined	218 hom etc.	PLACE OF INJURY le.g., i e, farm, factory, street, of	n or about 2 fice bldg.	UNIT OCCUR	(If in Boltimor	re City, give exact location)
21 D. TIA	IE  Month) (Doy) (Year)		INJURY OCCURRED	-	IE HOW DID IN	UEY OCCURT	
(APPRO		Whi	ile At   Not While   Not Work	• 🗆			
22. 1 ce	ortify that (+) (this hospita	i) attended t	a a	8/15		19 <u>7 /</u> to	8/25 19 7/
that (4)	(we) last sow the deceas	ed alive on_	8/25	19	71_ond th	at in (my) (our) opi	nion death occurred on the dot
	or and from the causes sta	ited obove. (1	(We) (dld) ( <del>did not)</del> v	iew the b	dy ofter death.		
23A. SIG	HATURE	4	Atte	nding 🖂	Med.	Staff (TX)	23B, DATE SIGNED
23C- PH	James U.	Lopper	DEGREE Phy	23D. ADDRI	Med. Director	Phys. D	8/25/11
NA.	ME Tames	4 4.00		230. ADDK	S. 8.C	4.	
24A. BURIA	CREMATION, 248, DATE	1. Kopp	AME OF CEMETERY OF CR	MATOLYA	70 W V D	CATION) OF (C	(State)
REMO	VAL (Specify) 9-9-	71	2	2 22 71 10	100	TARRES OF 15	C.C. T.O.C.
25A. DATE SEP	14 1977	25B. NAME	ALD C	250.41	NERAL-BIRECTO	RY SERVI	CF BCHO
VS 150-REV	1/1/68	1			NAME OF STREET	TA ALLEY	WALL BY WESS



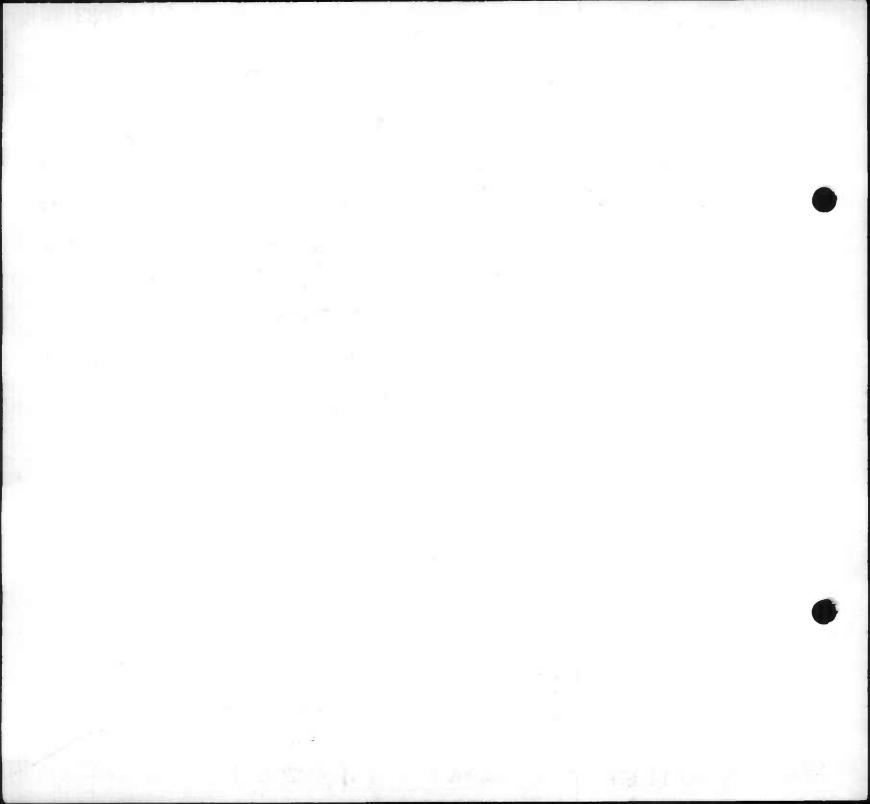
	2 .100	74 000	0	BALTIMORE CITY	HEALTH	DEPARTMENT	/	labora an	
1	) - 400 RIH NO. 7	1-13608		CERTIFICA	TE C	F DEATH	REG. NO	73	8632
1.	NAME OF DECEASED						ND HOUR OF DEATH		
(1)	pe or Print) BAL	34 GIRL	BA	ILEY			8/17/71		9.25 Au
3.	PLACE IN BALTIMOR	E/MARYLAND, WHERE PI	ONOL	INCED DEAD	A. STAT	L RESIDENCE (Whe	re deceased lived. If i	nstitution; re	sidence before admission)
FL	ILL NAME OF (I	F NOT IN HOSPITAL OR I	NSTITL	JTION, GIVE STREET	n	od. Ti	Baltimon	re	2533
IN	STITUTION	TO THE COUNTY OF			C, CITY	ORTOWN	D. INS	IDE CITY LIA	
P	13				E STRE	EL AND NUMBER	٠-و	YES	NO
	South B	altimore 6	ا <u>ءو،</u>	n'l. Hosp.	220	6 Round	Dd. T.2		
5.	SEX 6. RA	CE 7. MAR	RIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years /	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
1	/-				8	116/71			11 45
do	to during most of working	N (Give kind of work 10B, KIN life, even if refired)	D OF	-		IPLACE (State of fore		12. CITIZ	EN OF WHAT COUNTRY?
1		ne	7	none		Maryla-	nd		u.s. p
13.	FATHER'S NAME								
	PW	19ht			5	izabeth	Wynn		
15. (Ye	Was Deceased Ever in s, no or unknown) (If yes	. J. Armed forces?	rice)	SECURITY NO.	17. INFO	RMANT			ADDRESS
	No	No		none					
	18.	y 1		CAUSE OF DEATH	1			81	APPROXIMATE INTERVAL
	DISEASE OR	CONDITION DIRECTLY				R	maturity		
	(This does not me	on the mode of dvina.	e.g.,	(A) IMMEDIATE CAU		UENCE OF:	marany		113 hvs.
1	injury or camplication	iia, etc. It means the dis- on which caused death.)	ease,	DOL 10, 01, 10, 1	1011364	TOLINGE OF	/		
		EDENT CAUSES						- 1	
	DISEASES OR CO	NDITIONS, if any, g	iving	DUE TO, OR AS	A CONSE	QUENCE OF:			
	rise to the abo	ve cause (A) slating	the	(c)					
		11		(0)					***************************************
NO	OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING						
¥	DISEASE OR CONDITI	NOT RELATED TO THE TERMI ON GIVEN IN PART 1 (A).		***************************************					######################################
CERTIFICATION	IVA-DATE OF OPERA	TION 198 CONDITION WAS PERFORMED	FOR W	HICH OPERATION	20 A. A	UTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS (	CONSIDERED EATH?
CAL CE	21A. ACCIDENT WA OR CONTRIBUTING [ DEATH (notify medical	I CAUSE OF	21 B. I	PLACE OF INJURY (e.g., in e., farm, foctory, street, off	or obout	21 C. WHERE DID	(If In Boltimor	e City, give	exact location)
MEDIC	21D.TIME (Mont	h) (Doy) (Year) (Hour)	21 E.	INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
M	(APPROX.)			e At C Not While					
	22. I certify that (	l) (this hospital) attend	_1		8//	)	19 71 to	8/17	19 7/
		aw the deceased olive		A /	19	Dest /		nion death	
	ond hour and fram the causes stated above. (i) (We) (did) (did not) view the body after death.								
	23A. SIGNATURE	1/1	/			,	7.747	23B. DATE	SIGNED
	Mayane Khongahovansch M. Director Director Phys. 17/7/								
	23C. PHYSICIAN'S			/ 2	3D. ADDI			t	
L	MAYUREE	KHONECHAROL	ENS	WK M.D. DEGREE	Sout.	H BAC.	GEN HOS	P. B.	AL. MB.
24/	REMOVAL (Specify)	N, 248, DATE 24		ME & CEMETERY OF CRE		VA I OMO LO	BUARD OF	y. 77 0	EcVn () A N State)
L		9-9-11			111	VIVENCIT	V MEDICA	1 00	BOOL
25/	CED 1 A 4	West On An Sh		FREGISTRAE	256	UNE WALL BROOK OR	MEDICA	F 26	TOOF.
	SEP 14 19	11 16Ber E. 4	مراهد	w, 160, 1	6	CORTUAR	Y SERVIC	F _ !	CHU
V 2	150-REV. 1/1/68								



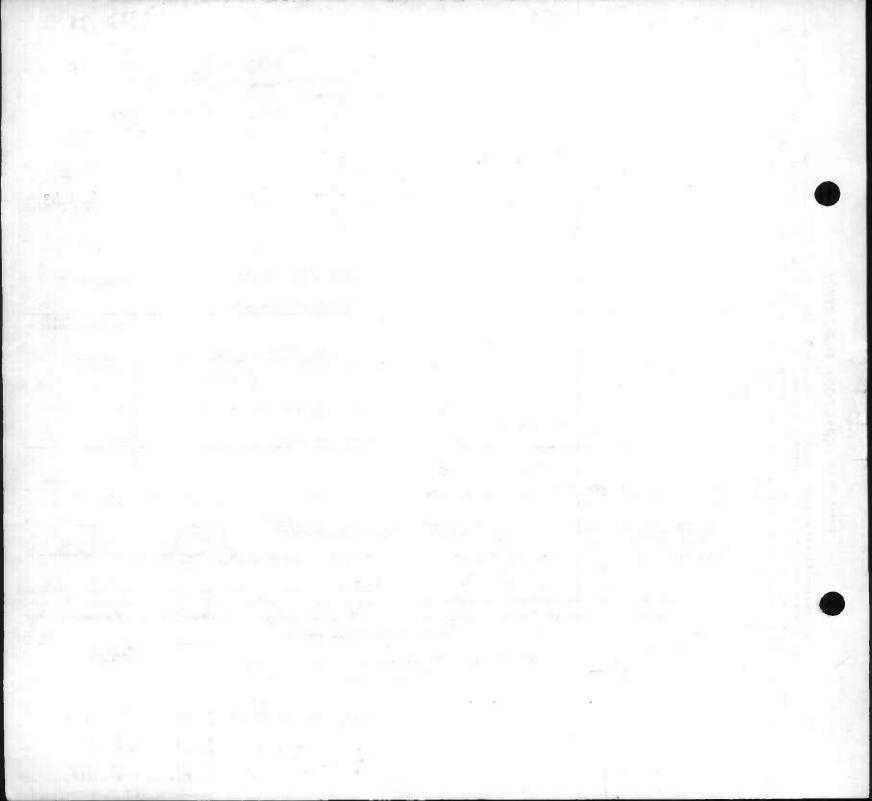
SEP 14 VS 150-REV. 1/1/68

	1-520	BALTIMORE CITY	HEALTH DEPARTMENT		71 8633	
	BIRTH NO. 11-1350/ 8633	CERTIFICA	TE OF DEATH	REG. NO		
	I.NAME OF DECEASED (Type or Print)		2. DATE AL	ND HOUR OF DEATH	Н	
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUN	NCED DEAD	4. USUAL RESIDENCE (Whe	re dedeosed lived, II	8 42 A	M
	FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	JON, GIVE STREET	Maryland	1TY	1608	
	HOSPITAL OR ADDRESS OR LOCATION		Daltimoi		SIDE CITY LIMITS?	
	0 11 0 11:	1	E. STREET AND NUMBER	4	YES NO NO	
	South Baltiniane Gene		640 Wild	wood t	arkway	
	Male Negro Widowed	NEVER MARRIED DIVORCED	8/18/71	9. AGE (In years lost birthday)	Months Doys Hours Min.	lrs.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLA CE (Stole of fore	ign country)	12. CITIZEN OF WHAT COUNT	FRY?
	NON C		Marylan	d	UNITED STAT	0
	Zola Reid Jone		14. MOTHER'S MAIDEN NA	/ /	Carr	
	- 0 100 1010	6. SOCIAL	17. INFORMANT	elma	ORA Y	_
	No.	SECURITY NO.	Mother		Jame	
	18. 7 7 0 1/1	CAUSE OF DEATH	/   0 1 /   6 /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAUS	Neonotal	Achlu	ria 20 mins	
	(This does not mean the mode of dying, e.g., heart toilure, asthenia, etc. tt means the disease,		CONSEQUENCE OF:	as five y	20 120	
	injury or complication which caused deoth.	61	in order (1)	- 60		
	DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CON EQUENCE OF:	acingo		
	rise In the above cause IAI stating the UNDERLYING CONDITION last.	(C)				
	Z CTHERS CANFIGANIC CONTRIBUTION			1		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19R CONDITION FOR WH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1	Materna	L hemorrhage	from abruy	, tio place uta	
	19A-DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No	10 CERTIFYING CA	FINDINGS CONSIDERED	_
11	OP CONTRIBUTION OF THE PROPERTY OF	ACE OF INJURY (e.g., in farm, factory, street, offi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(It In Baltima	re City, give exoct facation)	-
	DEATH (natily medical examine)					
	OF INJURY (APPROX.) While		21F. HOW DID INJ	URY OCCUR?		
	22. I certify that (t) (this hospital) attended the	deceased from	9/18	9 <u>7 (</u> ta	C/15= 12.5	
I	that (t) (we) last saw the deceased alive an	2/15	7		inian death accurred an the da	
	and have and from the causes stated above. (4) (	We) (did) ( <del>did not)</del> vi	ew the bady after death.			
	Danie Kong a	Atten	ding Med.	Staff Phys.	23B. DATE SIGNED	_
	23C. BHYS CIAN'S CLAME (Type)	DEGREE Phys.	Director LJ	Phys. Lan	3/(8/11	_
	James Kopper	DEGREE	BYADOMY BO	Hall	WYKATYND	
	4A- BURIAL CREMATION, 24B. DATE 7/24C. NAM PEMOVAL (Specify)		LINIVER SITY	MEDICA'E	SCHOOL (Stote)	_
2	5A. DATE REC'D SY HEALTH DEPT. 25R NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	DW CCDI	HCE APPRESIN	_
	SEP 14 1971 Valley E. Valley	M.D. ()	O A MARKETUA	KY SEKV	ICE - DOM	

SERVICE

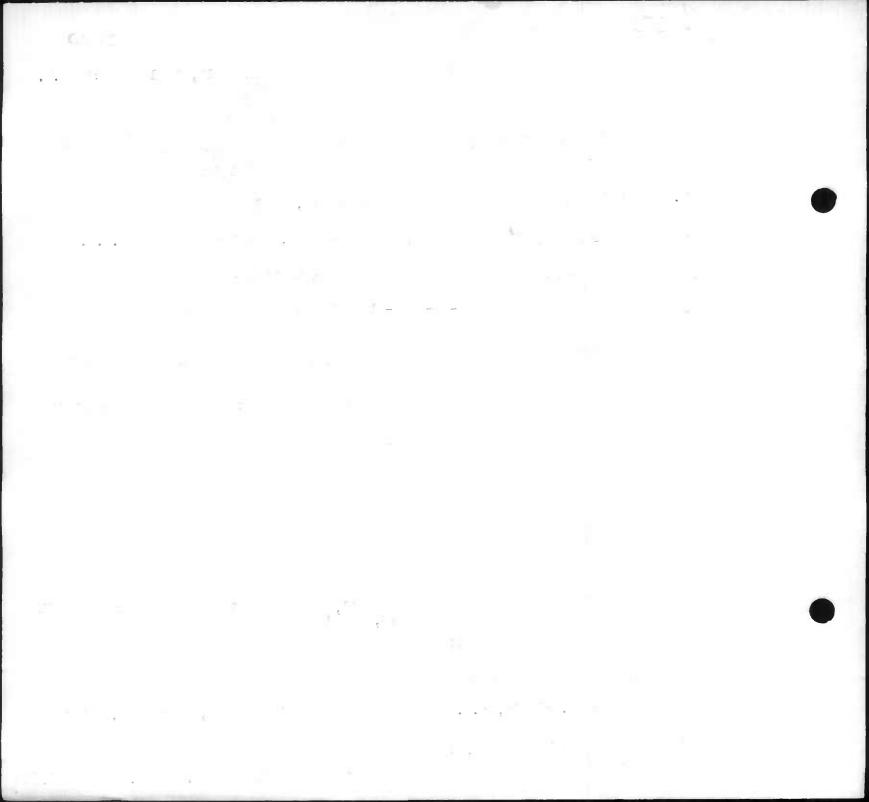


	1 -0	0 74 00	0.4	BALTIMORE CITY	HEALTH DEPARTMEN	NT /	ter a
BIR	] -52(C) TH NO.	71-14401	34	CERTIFICA	TE OF DEAT	H REG. NO.	71 8634 4
	AME OF DEC				2. DA	TE AND HOUR OF DEATH	1
,,,	E	Baby Girl Jone	es			8/30/71	7:15 PM.
		TIMORE MARYLAND, W			A. STATE B. Maryland	(Where deceased lived, If COUNTY	institution: residence before admission)
HO	LL NAME OF	ADDRESS OR LOCA	ATION)	TITUTION, GIVE STREET	C. CITY OR TOWN	ID IN	SIDE CITY LIMITS?
IMS	MONUTE				Baltimore		YES NO
1200	the same				E. STREET AND NUM	BER	
	5/	Mercy Hospit	al,	Inc.	4010 Penh	irst Ave	
5. \$		6. RACE	7- MARRIE	D NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Ye . If Under 24 Hrs. Months Days Haurs : Min.
ľ	emale	Negro	WIDOW	DIVORCED	8-30-71		6 1,3
			108 KIND	OF BUSINESS OR INDUSTRY		or foreign country)	12 CITIZEN OF WHAT COUNTRY?
don		working life, even if refired)			Maryland		USA
12.	PATHER'S NA	orn Infant	<u> </u>		14. MOTHER'S MAIDE	N NI AAAE	JOSA
					- Montel of House	II II MAME	
	Unkno				Geraldine	Jones	
15, \ (Yes	Was Deceased Line of unknown	Ever in U.S. Armed Fer Dilli yes, give war or date	rces? os of Bervica	SECURITY NO.	17. INFORMANT	01100	ADDRESS
					Hospital	Records	
	18,00	7 4 1		CAUSE OF DEAT		110001.00	APPROXIMATE INTERVAL
	DISEA	SE OR CONDITION DI	RECTLY				BEI WEEN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAU	Severe Pr	ematurity	
	(This does t	not mean the mode of asthenia, etc. It means	dying. e.	THE TO OB AS	A CONSEQUENCE OF:		
	injury of con	nplication which caused	death.)	• • •			
		ANTECEDENT CAUSES	5				
	DISEASES	OR CONDITIONS, if	gay, givi	DUE TO, OR AS	A CONSEQUENCE OF:		
Н	rise to the	e above cause (A)		he			1
	UNDERLYING	G CONDITION last.		(c)			
-		11					
õ	OTHER SIGNIF	FICANT CONDITIONS CO TH BUT NOT RELATED TO T	NTRIBUTIN	G			ļ
3	DISEASE OR C	ONDITION GIVEN IN PAR	RT 1 (A).		[20A. AUTOPSY? (Yee	Nell OOP 18 MES MISS	CONTRACT CONSIDERED
CERTIFICATION	IVA-DATE OF	OPERATION 198 CON	PORMED	K WHICH OPERATION	ZUAL AUTOPSTETT	IN CERTIFYING	FINDINGS CONSIDERED AUSES OF DEATH?
2	21A- ACCIDE	NT WAS UNDERLYING	7 (	218 PLACE OF INJURY (e.g., i	n ot obout 21 C. WHERE	DID (If in Boltim	ore City, give exact location)
-	OR CONTRIBE	NT WAS UNDERLYING DUTING CAUSE OF medical examined	_	nome, form, factory, street, of	fice bidg., INJURY OCC	UR	ore only give exact tocalidity
MEDICAL	21D. TIME	(Month) (Doy) (Year)	(Hout 2	TE INJURY OCCURRED	218. HOW D	ID INJURY OCCUR?	
M	OF INJURY	171011111 10071 110011		While At   Not While			
	(APPROX)			Work At Work			
		that (1) (this hospita	l) attende	d the deceased from		19to	19
	22. I certify	that (1) (this hospita ) lost sow the decease			19		pinion death occurred on the dote
	22. I certify that (1) (we)	lost sow the decease	ed alive o			ond that in (my) (our) o	
	22. I certify that (1) (we)	lost sow the deceased from the causes sta	ed alive o	n		ond that in (my) (our) o	pinion death occurred on the dote
	22. I certify that (1) (we) and hour an 23A. SIGNATU	lost sow the deceased from the causes sta	ed alive o	n	nding Med.	and that in(my) (our) o	pinion death occurred on the dote
	22. 1 certify that (1) (we) and hour an 23A. SIGNATU	lost sow the deceased from the causes sta	ed alive o	n	nding Med.	eoth.	pinion death occurred on the dote
	22. 1 certify that (1) (we) and hour an 23A. SIGNATU	lost sow the deceased from the causes sta	ed alive o ited above.	n	nding Med. Director	ond that in (my) (our) one other staff.   Staff.  Phys.	pinion death occurred on the dote
	22. I certify that (I) (we) and hour an 23A. SIGNATU 23C. PHYSICI NAME (I	lost sow the deceased from the causes sta	ed alive of the debove.	n	nding Med. Director 23D. ADDRESS Mercy	and that in(my) (our) o	pinion death occurred on the dote
	22. I certify that (I) (we) and hour an 23A. SIGNATU 23C. PHYSICI NAME (I	lost sow the deceased from the causes sta  URE  AN'S  Lype   ed alive of the debove.	n	nding Med. Director 23D. ADDRESS  Mercy	ond that in (my) (our) one other staff.   Staff.  Phys.	pinion death occurred on the dote	
	22. I certify that (I) (we) and hour an 23A. SIGNATI AND EN IN AME (I)	lost sow the deceased from the causes sta  URE  AN'S  Lype   ed alive of steel above.  Litzur  urrum  240	M. D.  DEGREE  NAME of CEMETERY or CRI	nding Med. Director 23D. ADDRESS Mercy	ond that in (my) (our) one other staff.   Staff.  Phys.	pinion death occurred on the dote	
24/	22. I certify that (1) (we) and hour an 23A. SIGNATU 23C. PHYSICI NAME (I NAME I NAME	lost sow the decease d from the causes sta  URE  ANYS Type 1 gen La B. Utz  EMATION, 248. DATE (Specify) D BY HEALTH DEPT.	ed alive of the debove.  Utgur  urrum  24C  7  258. NAM	M. D.  DEGREE  NAME OF REGISTRAR	nding Med. Director 23D. ADDRESS Mercy	ond that in (my) (our) one other staff.   Staff.  Phys.	pinion death occurred on the dote
24/	22. I certify that (1) (we) and hour an 23A. SIGNATU 23C. PHYSICI NAME (I NAME I NAME	lost sow the decease d from the causes sta  URE  GAN'S Type 1 gen la B. Utz  EMATION, 248. DATE (Specify)	ed alive of the debove.  Utgur  urrum  24C  7  258. NAM	M. D.  DEGREE  NAME of CEMETERY or CRI	nding Med. Director 23D. ADDRESS Mercy	ond that in (my) (our) one other staff.   Staff.   Phys.	pinion death occurred on the dote



the the		TH NO.	
Of death Deceased to on the ath. Such		Pe or Print)	E,A
ath.	3.	PLACE IN BALT	1/
(5) de de	HC	LL NAME OF OSPITAL OR STITUTION	
d cause; r attenc prior to e.		94	
d da d	5. 5		6,
E Se		F.	
Indetermi s in regu deceased		USUAL OCCU	
P - B -		Houseke	
he was	13.	FATHER'S NAM	۱E
ath was		John Jo	
al o	15. (Yes	Was Deeeosed s, no or unknown)	E (
Also, if the re of any kind nounced dear attendance c		No	
o de d		18.431	į
re of c nounc atten Imed		DISEASE	LE
I a a a		(This does no hearl failure, a	
fractulo progellar embal		injusy or camp	li
fro oge		A	N
wh whare		DISEASES OF	R
an in		UNDERLYING	(
vers; (3)	z		
phy an	OIL	OTHER SIGNIFICATION THE DEATH	
dy icio	CERTIFICATION	DISEASE OR CO	0
2) Body re the physici fore the	ERTI		_
or by a medical and the block (3) Body burns; (3) the physician was in efore the remains (4)	L C	21A. ACCIDENT	ī
6 4 Z q	1CA	DEATH (notify	
any nature; (except whe and (6) No obtained be	MEDICAL	OF INJURY (APPROX.)	(1
exce and obtai		22. I certify t	h
, e		that (1) (we) 1	
ath)		and hour and	f
de d		23A. SIGNATUS	E
유수무		100	1
at at crior		23C. PHYSICIAN NAME (Ty	pe
app app	24A	BURIAL CREW	\ A
as D.C as D.C scease ritten	F	Burial	
shows: (1) was D.O. deceased	25A	DATE REC'D	BI
1 503 N	\	JLT	
	VS	150-REV. 1/1/6	ő

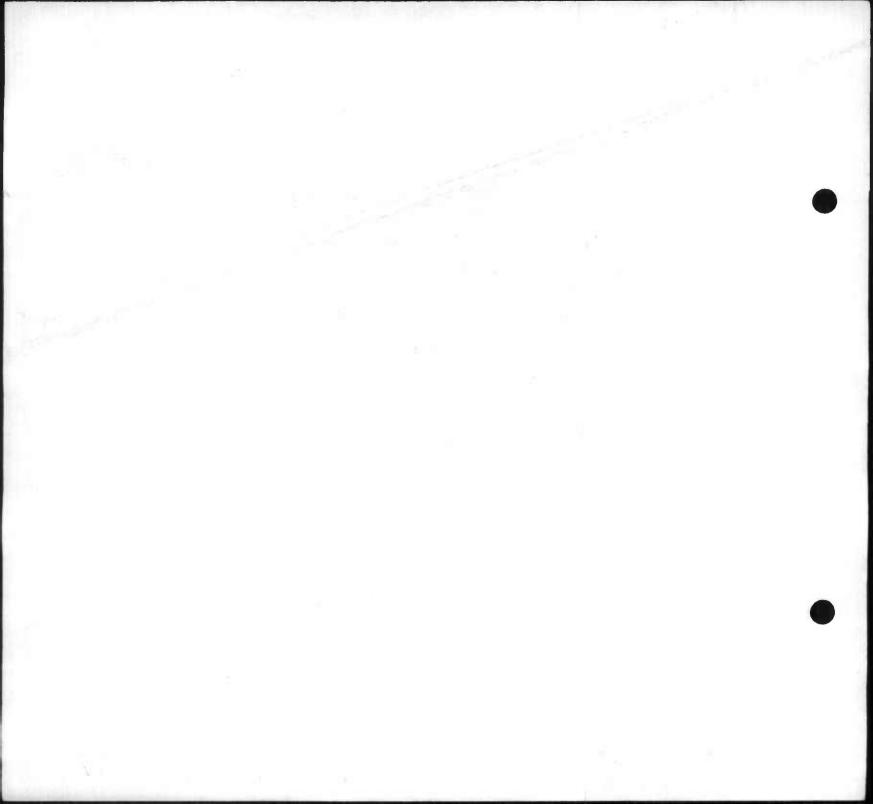
D 02	/		BALTIMORE CITY	HEALTH DEPART	MENT			
1-23 BIRTH NO.	0 71 8	635	CERTIFICA	TE OF DE	ATH	REG. NO	71	8635
1. NAME OF DECE (Type or Print)				2.		D HOUR OF DEATH		
			ne Pfister		Septe	ember 12, 19	71	7:10 P.M. M.
3. PLACE IN BALTI	MORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDE	NCE (Whe	re deceased lived. If in	stitution: r	esidence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSI ADDRESS OR LO	PITAL OR INSTIT	UTION, GIVE STREET	Maryland		City	DE CITY L	IMILES
	Villa Sai	nt Micha	al	Baltimor	20		YES 🖳	
411	value our	are rifelia	CT	E. STREET AND N			100	
17-11				4000 For	rest H	ill Road		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	If Unde	or 1 Yr. If Under 24 Hrs. Days Hours Min.
F.	White	WIDOWED		August 11,	1893	lost birthday)	Months	Doys Hours Min.
IOA. USUAL OCCU	PATION (Give kind of w	ork 108, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	ote or fore	gn country)	12. CITI	ZEN OF WHAT COUNTRY
	orking life, even if retired		0.01	Baltimor	e Ma	hae fun		U.S.A.
13. FATHER'S NAM	eper -retir	eq Sist	er of Charity	14. MOTHER'S MA				U.D.R.
John Jo	seph Pfiste	r		and the second s	melia	Schanze		Manager 1
(Yes, no or unknown)	ever in U.S. Armed F	orees? otes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
No			219-54-0657-	l Sister	· Andr	ea same	add:	ress
18.431	91		CAUSE OF DEAT	1				APPROXIMATE INTERVAL
	OR CONDITION						- 1	BETWEEN ONSET AND DEATH
	EADING TO DEAT		(A)IMMEDIATE CAU	SE Acute ce	rebra.	l hemorrhage	,	7 days
heart failure, a	I mean the mode a sthenia, etc. It mean	s the disease.	DUE TO OR AS	A CONSEQUENCE O		******************		************************
injury or camp	lication which cause	ed death.)					1	
Al	NTECEDENT CAUSI	ES	(0)	Arterios	clero	sis	- [	19 years
DISEASES OF	CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE	OF:	******************	***************************************	*******
rise to the	abave couse (A	) stating the						
ONDERENITO	CONDITION IDSI.		(C)			*****************************		************
OTHER SIGNIER	II ANT CONDITIONS C	ONTRIBITING						
TO THE DEATH	BUT NOT RELATED TO	THE TERMINAL	60 00 00 00 00 00 00 00 00 00 00 00 00 0					
	NOTION GIVEN IN PA	NDITION FOR	WHICH OPERATION	20A. AUTOPSY?	Yes or No		INDINGS	CONSIDERED
E	WAS PE	RFORMED				IN CERTIFYING CAL	SES OF	DEATH?
On CONTRAINIT	WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., in	or obout 21 C. WHE	RE DID	(II in Boltimore	City, glv	e exact location)
DEATH (notify n	nedical examiner)	elc.	)					
M I OE INITION	Month) (Day) (Year	r) (Hour) 21 E.	INJURY OCCURRED	21F. HOW	LINI DID	URY OCCUR?		
(APPROX)		Wh	ile At Not While					
22. I certify t	hot (1) (this hospit			April	1	9 52 to Ser	temb	er 10 71
	ast saw the decea		Santamban	71				
			******************	***************************************		or in (my) (ant) abtu	idn deol	th accurred an the date
23A. SIGNATUR		area opave. (I	) (We) XXX(d) (did nat) v	ew the bady afte	r death.		lana = /=	
( A	Mull LIT	11/0/	ΔHa	nding Med.		Sheff C	238, DAT	E SIGNED
100	emilel	1 luca	GEGREE Phys	. Direc	tor L	Staff Phys.		
23C. PHYSICIAN NAME (Typ	ne)	. 1		3D. ADDRESS				
	Damian P.	Alagia,	M.D. GEGREE	3326 Fred	erick	Avenue, Bal	timor	e. 21228
24A. BURIAL CREM REMOVAL (Sp	ATION, 24B, DATE		AME of CEMETERY of CRE	MATORY			, town, o	
Burial	9/11	/71	St Togonhi	· Namata		There 2 1 2		
25A. DATE REC'D B	Y HEALTH DEPT.	25B. NAME	St. Joseph'	25 Come ter	PRECTOR	Emmitsbur	g, N	aryland Abdress
SEP	PD 13/1	abelie v	earther, M.D.	STEWART		OWEN CO.10		NORTH AV. (1



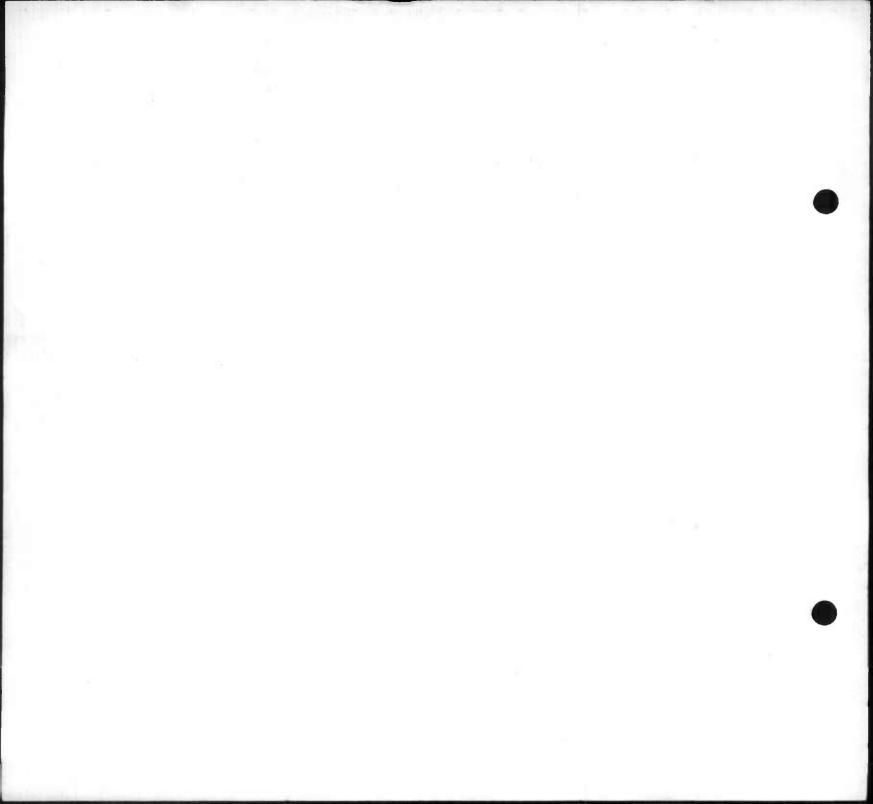
1	1-162	rue.	0026			HEALTH DEPART		REG. NO.	863	in a
BII	TH NO.	1 500	8699		CERTIFICA	IE OF DEA	AIH		-900	U
	Pe or Print)		SSISTE	R S	TELLA		09/	12/71		2:45PM
3.	PLACE IN SALTI	MORE MARYLA	ND, WHERE PI	ONOUN	CED DEAD	4. USUAL RESIDER	B. COUN	re deceased lived. If in	stitution: reside	ence before admission)
HO	LL NAME OF DSPITAL OR STITUTION	(IF NOT IN ADDRESS OF	HOSPITAL OR I	ודטדודצא	ON, CIVE STREET	MARYLAND C. CITY OR TOWN	)		DE CITY LIMIT	2841
	40	ST AGN	ES HOSI	ATI	L	BALT I MOR	UMBER	DD 21	YES 🔼	NO [
=	SEX 16.	24.05				J		HILL RD 21		
	FEMALE	WHITE	WIDO		NEVER MARRIED	11/24/78		9. AGE (In years lost birthday)	Months Doy	r. If Under 24 Hrs. Hours Min.
f0A	LUSUAL OCCUP.	ATION (Give kind	of work 10B, KIN	D OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (SI	ote or forei	gn country)	12. CITIZEN	OF WHAT COUNTRY
	RELIGIO	JS				MARYLAND			U S	SA
ш			_			14 MOTHER'S MA				
	ALEXIX '					MARY E S	SEBOL	D		
15. (Ye:	Was Deceased Ex s, no of unknown! (I	rer in U. S. Ann	ed Forces? or dates of sen	icel 1	SECURITY NO.	17. INFORMANT				DRESS
	No				219 54 018	2 ST AGNE	S HO	SPITAL BAL	TO MD	21229
-	16.	4-X V	_5.5	0.0	CAUSE OF DEATH	1			AF	PROXIMATE INTERVAL
	DISEASE	OR CONDITIO	N DIRECTLY	917	A.	wite On	0	failur		EEN ONSET AND DEATH
	LE	ADING TO DE	EATH		(A) IMMEDIATE CAU	er pe	nac	Jou cur	e 1º	2 rays
1	(This does not heart failure, as	mean the mo	de of dying,	e.g.,		CONSEQUENCE OF	1			·
	injury at campli	cation which c	aused death.)	,	0	+ - 6	0	T. L.		
	AN	TECEDENT CA	USES		(a) Cles	te cho	le ay	plilis		
	DISEASES OR	CONDITIONS	, if any, gi	ving	DUE TO, OR AS	A CONSEQUENCE C	)F;			
	rise to the UNDERLYING	above cause	(A) staling	the						
		11	-14		(c)					
ATION	OTHER SIGNIFICATION THE DEATH IN DISEASE OR CON	BUT NOT RELATED	TO THE TERM!	NG NAL	0	abete	1 16	rellitis		
CERTIFICATION	19A-DATE OF O	PERATION 198		OR WH	ICH OPERATION	20A. AUTOPSY?	Yes or No)	208, IF YES, WERE F	INDINGS CON	NSIDERED TH?
CAL	21 A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLY NG CAUSE O edical examined	ING 🗌	21 & PL home, efc.)	ACE OF INJURY league in form, factory, street, off	or about 21 C. WHEI	E DID CCUR?	(If In Boltimore	City, give exc	oct location)
ō	210, TIME (A	Aonth) (Doy)	(Yeor) (Hour)	21 E. IN	JURY OCCURRED	21 f. HOW	DID INJU	JRY OCCUR?		
8	OF INJURY (APPROX.)			While	At Not While					
	22. I certify th	(1X/ata-1	- 11	Work	At Work	9/02/71		19	119/71	
	that (IX(we) la	at (VA(this ho: st saw the de	spiiai) aitend ceased alive	an O	9/12/71		11	t in (my) (our) opin	Ion death of	curred on the date
		4			We) (dtd) (ð(ð(ŋ6t) vi					
	23A. SIGNATURE	1) 100	*-/	1)		,	14		23B. DATE SIG	GNED
	()	tarfer	900	EXA	Atter Phys.	ding Med.		Staff	09/1:	2/71
	23C. PHYSICIATE	0	3		TO BOTHER	3D. ADDRESS	07 — 7	Phys. —		
	NAME (Type	, PERFECT	O VALA	RΔO		ST AGNES	HOSP	ITAL BALTO	) MD 2	1229
24A	BURIAL CREMA REMOVAL (Spe				DEGREE E of CEMETERY OF CRE				, lown, or cou	
	Burial	9/1	1 /	St.	Joseph's C	emetenu	Um	mitsburg.	Maryl	and
	DATE REC'D, BY		258, NA	ME QE	REGISTRAR	25C. FUNERAL D	PIRECTOR		A	DDRESS
lt	SEP 15.	1971 12	Bers E. Je	uller	AD. 0			WEN CO.108	W.NO	RTH AV. (1
VS	150-REV. 1/1/68	141								

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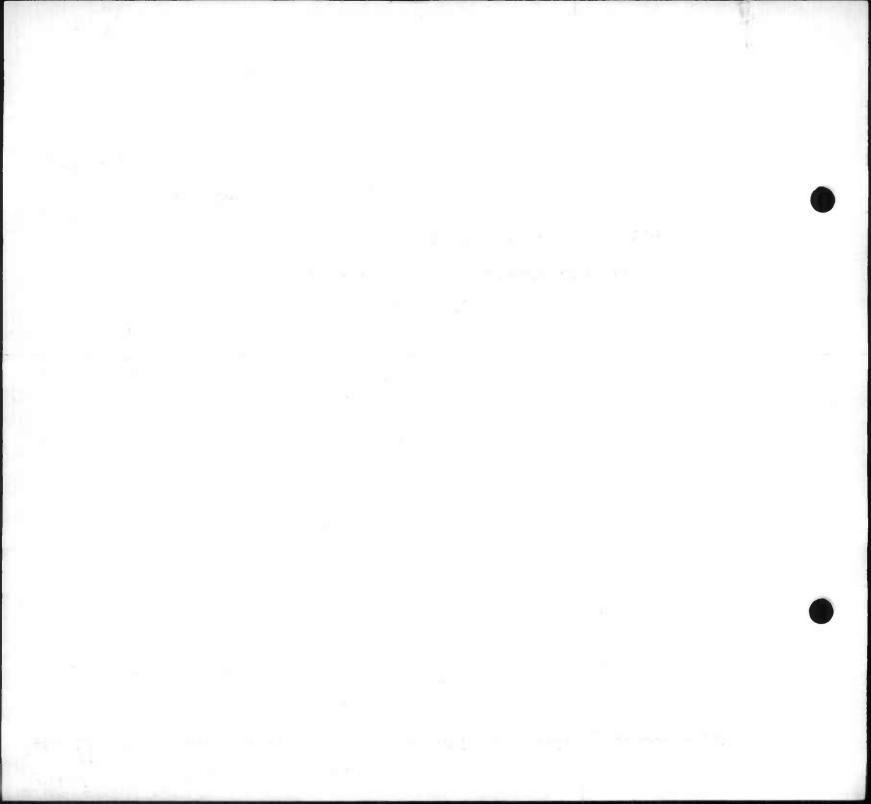
	E OF DEATH REG. NO. 21 8637
INAME OF DECEASED	E OF DEATH
(Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	L USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	gna 2102
INSTITUTION	
Calversity Hospitian	SALTO YES NO
Outersity teaspital	910 S. CAREY Sr 31223
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED DIVORCED	PO/01/93  9. AGE (in yeors is funder 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  Autor Cinghan Bulleting Info	md. U.S.A.
	MOTHER'S MAIDEN NAME
John P. Buchkal	Carrie Bolander
15. West Deceased Ever in U. S. Armed Forces? (Yes, we or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	· INFORMANT ADDRESS
telonom :	Mary C. Buallet 910 S. Cone. St
18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
heart lailure, ashenia, etc. It means the disease.	Acute myocardiel infarction Idag
injury at camplication which coused death.)	
ANTECEDENT CAUSES  (B) A. S. C.	
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A Crise to the above couse (A) stoling the	CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	***************************************
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  121A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (A. 1.5. CO. 1).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUCE OF	obout 21 C. WHERE DID (II In Boltimore City, give exact location)
DEATH (notify medical examines)  O 21D-TIME (Month) (Doy) (Year) (Hour)  OF INJURY  While At The Indian Ind	215 HOW 12 NUMBER 2012
(AppROX)	215. HOW DID INJURY OCCUR?
Work L At Work L	
22. I certify that (I) (this hospital) attended the deceased from. Arms	
that (i) (we) last sow the deceased alive on	19and that in (my) (aur) opinion deoth occurred on the date
ond hour and from the causes stated above. (1) (We) (did) (did not) view 23A, SIGNATURE	v the body ofter deoth.
Augustin Augustin	23B. DATE SIGNED
DEGREE Phys.	Director L. Phys. 9/19/91
NAME (Type)	ADDRESS
SEORGE H. SROULLET JEM D.  24A- BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF CREMATION.	University Rapidou
REMOVAL (Specily)	ATORY 24D. LOCATION (City, town, or county) (Stote)
	en. Gleshum hed.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25G. FUNERAL DIRECTOR
SEP 15, 1971 Table & Table A. R. 1	John J. Govantson Inc. Hollingest?



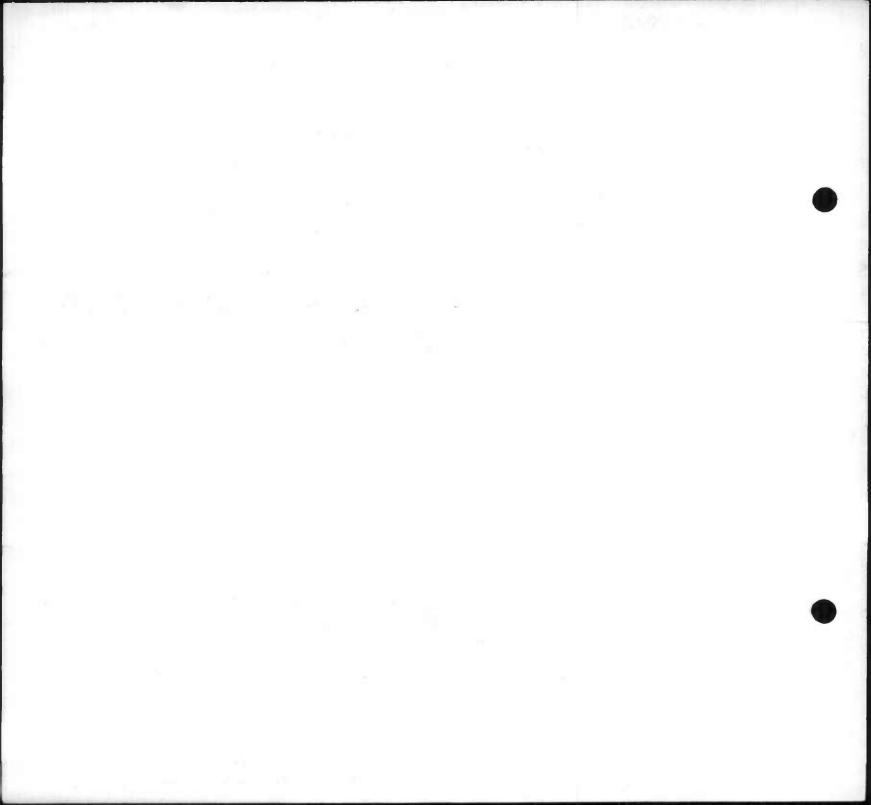
0	216		BALTIMORE CITY	HEALTH DEPARTMENT	'74	0000
BIRTH		8638	CERTIFICA	TE OF DEATH	REG. NO.	8638
	or Print)	1 6.	DOKAIN	2. DATE AND	HOUR OF DEATH	1.15A
3. PL/	ACE IN BALTIMORE, MARYLAN	WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whele	deceased lived. If insti	tulion: residence before admission)
HOSP	NAME OF (IF NOT IN HADDRESS OR	OSPITAL OR INS	TITUTION, GIVE STREET	C. CITY, OR TOWN	MA	CITY CIMPS?
	Mary lan	1 60	ueral Hos	E. STREET AND NUMBER	FAIKIN	YES NO
5. SEX	MALO ENTIN	MS WIDOWI		7/27/07	64	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	SUAL OCCUPATION (Give kind ouring most of working life, even if re		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of loreign	A In	12. CITIZEN OF WHAT COUNTER?
13. FA	THER'S NAME		2.44.0	14. MOTHER'S MAIDEN WAM		- United Jak
15. We		BEL F	•	CECIL	IA CZ	ARSKI
(Yes, no	orunknown) (If yes, give word	r dotes of service	SECURITY NO.	17. INFORMANT	1	ADDRESS
18.	1441		CAUSE OF DEATH	Mr. John Es	Cer- 434	APPROXIMATE INTERVAL
	DISEASE OR CONDITION	N DIRECTLY ATH		A-monting	· Peraller	BETWEEN ONSET AND DEATH
II I he	his does not mean the modern failure, asthenia, etc. It m jury ar complication which co	neans the diseas	9- DUE TO, OR AS A	SE T THE TALL OF SECOND	A FRIE 14 1917	ma Jany
	ANTECEDENT CA		5 KU	NUMBER 1011	1 MINAIMAL	nA 2111/2
ris	ISEASES OR CONDITIONS, se to the above cause NDERLYING CONDITION las	(A) slating th	DUE TO, OR AS	A CONSEQUENCE OF:	CAVITA	ay v
	11					
0100	HER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RELATED SEASE OR CONDITION GIVEN IS	TO THE YERLINIA	<u></u>			
CERTIFICATION	A-DATE OP OPERATION 1198.	CONDITION FOIL	WHICH OPERATION	20A. AUTOPSY? (Yes. or No)	208 IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
₹ DE	A. ACCIDENT WAS UNDERLY!! CONTRIBUTING CAUSE OF ATH (notify medical examine)	i i i i i i i i i i i i i i i i i i i	B. PEACE OF INJURY (e.g., in ome, form, foctory, street, off cd	or obout 21C. WHERE DID	(If In Boltimore C	ity, give exect location)
D 210	D. TIME (Month) (Doy) (	(ear) (Houd 21	E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
₹ (AI	PPROXI	_   '	/hile At Not While At Work			./
	I certify that (I) (this has			7/14 19	7/_ta	9/12 19 7/
! I	at (1) (we) last saw the dec			19		n death occurred an the date
23A	d haur and from the causes	stated abaye.	(1) (We) (did) (did nat) vi	ew the bady after death.	lan lan	1 1
230	PHYSICIAN'S NAME (Type)	CAN	Atten Phys.	ding Med. Sh Director Ph	off X	B. DATE SIGNED
24A. BL	URIAL CREMATION, 1248, DAT	H. 5/	MINITZ DEGREE	MATORY 24D, LOC	11 GRAN	wal Hospital
RE	Sever 9-1		4 Sterisla	7	Galle.	own, or county) (Sympet
25A, D.	SEP 15 BY	A 15 17 2.5	OF REGISTRAR	25C. MUNERAL DIRECTOR	haren	ADDRESS F
VS 150-	-REV. 1/1/68			- runey	AURICAGE	ucys 1 - 171



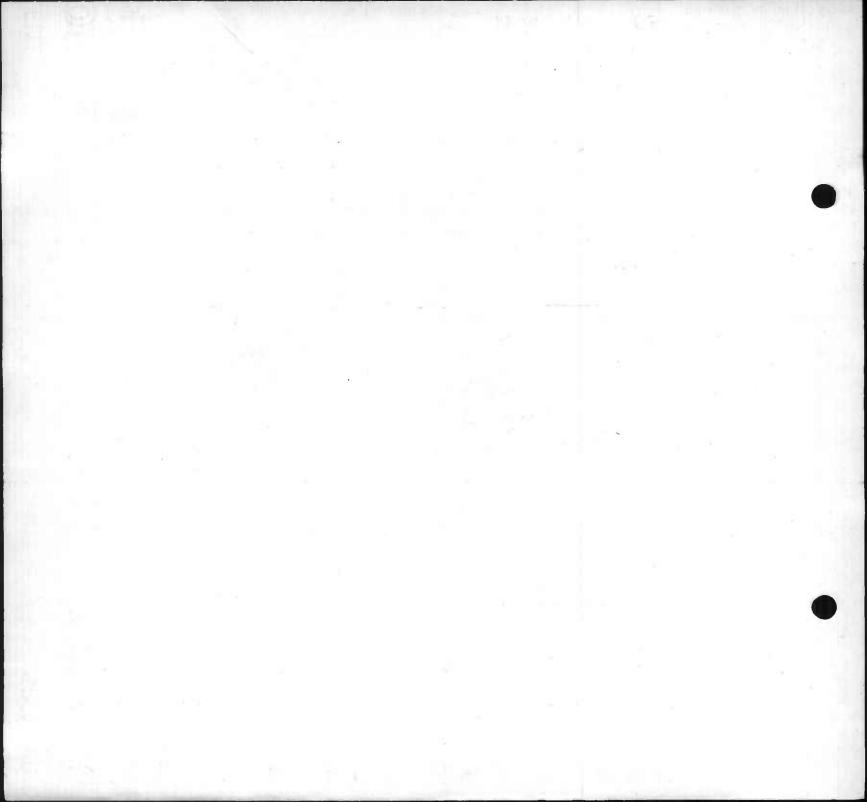
	F = 5 20 124 0020	ITY HEALTH DEPARTMENT 71 8639
	RTH NO.	ATE OF DEATH
	NAME OF DECEASED po or Print Edward W. Pence	2. DATE AND HOUR OF DEATH
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence belore admission A STATE
FU	ILL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	Md 908
IN	STITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Manyland General Hospital	E. STREET AND NUMBER
	45	Greenmount Ave Ballimore 2239
	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in yeors   If Under 1 Ye.   If Under 24 Hrs.
don	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST to during most of working life, even if relired)	RY 11. BIRTHPLACE ISlote or loreign country! 12. CITIZEN OF WHAT COUNTRY
12	YPE SETTER PRINTING OFFICE	
130	2	14. MOTHER'S MAIDEN NAME
15.	VAVID WALTON PENCE Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	CORDIE KAY EPPORD  17. INFORMANT  ADDRESS
(Ye	s.no or unknown) (If yes, give war or doles of service) SECURITY NO. 276-24-350	Ptis. personal papers
	18. CAUSE OF DEA	THE Soma and Congistion REPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	erac see
	(This does not mean the made of dying, e.g., (A) IMMEDIATE C	AUSE STA CONSEQUENCE OF:
ı	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	many delictary + longistion
	ANTECEDENT CAUSES (B)	Anoxia sterne 3/2 days
	luge in the appara conse (M) signing life	AS A CONSEQUENCE OF:
	UNDERLYING CONDITION lost, (C)	- Cardiopulmonary arrest = 5/2 days
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	resussifieres.
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	conic Michael (Sm - Acid Mechalism
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? IYes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OK CONTRIBUTING   CAUSE OF   home, farm, factory, street	office bldg., INJURY OCCUR?
3	DEATH Inolity medical examined	
MEDI	21D.TIME (Manth) (Doy) (Yearl (Hour 21E INJURY OCCURRED OF INJURY) (APPROX.I While At Not Wi	21F. HOW DID INJURY OCCUR?
	Wark At Work	rk 📙
	22. I certify that (I) (this hospital) attended the deceased from	19 7/ and that fn(my) four) apinion death occurred an the date
	and haur and fram the causes stated above. (1) (We) (did) (did nat)	
	23A- SIGNATURE	23B. DATE SIGNED
	received in manyaman MD DEGREE PI	thending Med. Stoff April 9-12-7/
	Arnold G. Alexander MD	MG-H
24A	DEGRE	REMATORY 24D. LOCATION (City, town, or county) IStole)
1.0	EMOVAL BURIAL 19/14/71 LAKEVELEW	CEMT. BLACKSTONE (NOTTAWAY) VA
_	DATE REC'D BY HEALTH DEPT 258 NAME OF REGISTRAL	25C FUNERAL DIRECTOR ADDRESS
75	2EL TO, 1911	HARDIN F. HOME
3	150-REV. 1/1/68	BLACKSTONE, UA.



1	-24	0 71	8640	BALTIMORE CITY	HEALTH DEPARTMENT		=14 == 40		
	H NO.		0040	CERTIFICA	TE OF DEATH	REG. NO	71 8640		
	AME OF DEC	rances	2.	Goge1		nd Hour of DEAT			
3. P	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe		institution: residence before admission		
FUL	L NAME OF			UTION, GIVE STREET	Maryland	N TY	2719		
11/12/1	itution"	300 Whitney A	venue		C.CITY OR TOWN	D. 11	ISIDE CITY LIMITS?		
1	3	altimore, Mar		21215	E. STREET AND NUMBER		YES NO		
					2800 Whitney	y Avenue	21215		
5. SE		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr., If Under 24 Hrs.		
	emale	White	WIDOWED		Aug. 15, 1883	88	Manihs Doys Hours Min.		
done	during most of	JPATION (Give kind of work working life, even if refired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12 CITIZEN OF WHAT COUNTRY		
	House				Baltimore, 1	Marvland			
13. F	ATHER'S NAM	AE			14. MOTHER'S MAIDEN NA				
	Adr	ian H. Fitzpa	trick						
16 1/2					Margaret E.	PICCOTHICK			
(Yes,	os Deceased na of unknawn)	Ever in U. S. Armed Fore ill yes, give war or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	280	O WhitrAppressie.		
	No	None		217016-1704	Mrs Frances E.	Gogel Bal	timore, Md. 21215		
1	B. /	74		0.1111					
	DISEAS	E OR CONDITION DIR	ECTLY	RITE	may le milie	(andious	BETWEEN ONSET AND DEATH		
	DISEASE OF CONDITION DIRECTLY  LEADING TO DEATH  (A) IMMEDIATE CAUSE  CAUSE OF DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE								
1	This does no	ol mean the made of	************	y della g					
	njury or cam	asthenia, etc. It means plication which caused	the disease, death.)	0 /	CONSEQUENCE OF:		De gant		
	ANTECEDENT CAUSES For In				e man conde	hre	6.00		
,	(B)				A CONSEQUENCE OF	) 7 mal	9-45		
n	rise to the above cause (A) stating the				A CONSEQUENCE OF?	,			
1	JNDERLYING	CONDITION last.	•	(C)					
		11							
CATION	THER SIGNIFIC	CANT CONDITIONS CON	TRIBUTING						
₹ D	ISEASE OR CO	BUT NOT RELATED TO THE	1 (A).	*****************		*************			
띮미의	A-DATE OF	OPERATION 198. CONT	NION FOR V	VHICH OPERATION	20A. AUTOPSY? IVes or No.	208. IP YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
CERTIF	0		OMINED			IN CERTIFYING C.	AUSES OF DEATH?		
. 0	A. A CCIDEN R CONTRIBUT	T WAS UNDERLYING	21 B.	PLACE OF INJURY le.g., in	or obout 21 C. WHERE DID	(II In Boltime	ore City, give exoci location)		
₹ D	EATH (natify	medical examiner	elcy	e, farm, factory, street, olf	ee bidg., INJURY OCCUR?				
<u> 21</u>	D. TIME	(Manth) (Doy) (Year)	IHour 21E	INJURY OCCURRED	21 F. HOW DID INJU	Inv Occum			
5 I T	F INJURY APPROX.)			le At Not While		JRI OCCUR!			
			Warl						
		hat (1) (this hospital)				96.7 to	10/00 19 %		
th	(I) (wa)	ast saw the deceased	alive on	Pus2	3 19/7/ and the	t In (my) (our) on	Inlan death occurred an the date		
a	nd have god	from the causes state	d above. (I)		ew the bady after death.		The desired on the date		
23	A. SIGNATOR	E	/ /	(-10)(ulu 101) VI	an one nany ariet dealy.		23 B. DATE SIGNED		
	10	man	144	To Ca try Atten	ding Med.	Staff	CO /		
23	C.PHYSICIAN	rs)	100	DEGREE Phys.	Director L 1	Phys.	7/11/7/		
	Seymou	pel		23	5415 Park He	ights Aven	ue		
4A. E	URIAL CREM	ATION, 248, DATE	24C.NA	ME OF CEMETERY OF CREA					
	REMOVAL 15	ecify)				CATION IC	rity, town, or county) (State)		
	Burial	9/13/197	1	Woodlawn Cemet		dlawn, Mary			
A. [	PAIE KEC'D		25B. NAME Q	REGISTRAR	25C. FUNERAL DIRECTOR	8728 Liber	ty Road ADDRESS 21133		
	SEP 1	5. U/ Vass	R Ch Asia	sometimes ) U		Funeral Dir			
S 150	D-REV. 1/1/68								



1/	- A 1994 A	BALTIMORE C	TITY HEALTH DEPARTMENT		Pro A A AL				
1-65	71	8641 CERTIFIC	ATE OF DEATH	REG. NO	71 8641				
BIRTH NO.		OEK TILL							
1. NAME OF (Type or Print)	Louis R.	Kern Sr.		y Sept. 10					
3. PLACE IN	BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where		institution: residence before odmission)				
FULL NAME	OF (IF NOT IN HOSP	PITAL OR INSTITUTION, GIVE STREET	Maryland		2740				
HOSPITAL OR			C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?				
Sinai	, Hospital of	Baltimore	E. STREET AND NUMBER		YES XX NO				
			6101 Stuart	Ave. 21209					
5. SEX	6. RACE	7. MARRIED NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.				
Male	White	WIDOWED DIVORCED	Sept. 22 , 1911	59					
	CCUPATION (Give kind of wo	ork 10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY				
	tive Supply	United Warehouse	Baltimore, Mar	yland	U.S.A.				
3. FATHER'S	NAME	1	14. MOTHER'S MAIDEN NAM	A E					
George	e Henry Kern		Caroline Baum						
5. Was Decea	used Ever in U. S. Armed F	orces?	17. INFORMANT		ADDRESS				
NO NO	will yes, give wor or do	12-09-7081	Mrs. Kathryn K	ern 6101	Stuart Ave. 21209				
18. 44	101	CAUSE OF DE	ATH		APPROXIMATE INTERVAL				
DIS	EASE OR CONDITION D	DIRECTLY	CAUSE Acute Myor	1.17	BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	H ANIMMEDIATE	CAUSE CICULE MYOT	ardial In	Gucken				
	s nat mean the made	di dyilig, e-gas DIFTO OR	AS A CRISEQUENCE OF:		7)				
	ure, asthenia, etc. It mear camplicolian which cause		SHD		V				
	ANTECEDENT CAUSE	S							
DICEACEC									
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:								
UNDERLY	UNDERLYING CONDITION last.								
	II								
OTHER SIG	INFICANT CONDITIONS C	ONTRIBUTING							
▼ IDISEASE C	EATH BUT NOT RELATED TO	ART 1 (A).							
	OF OPERATION 198. CO	ONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)		RE FINDINGS CONSIDERED CAUSES OF DEATH?				
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF offy medical examiner	21B. PLACE OF INJURY (e. home, form, foctory, street etc.)	g, in or about 21 C. WHERE DID , office bldg., INJURY OCCUR?	(If in Boltin	nore City, give exact location)				
21 D. TIME		r) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?					
OF INJUR			While						
		Work L At W		1					
22. 1 cert	tify that (1) (this bospit	attended the deceased from	november 20	964 to	19.7/				
that (I) (	we) last say the decea	sed alive an 7~14	19 2/ and the	at in (my) (our) o	pinian death accurred an the date				
and haur	and from the causes st	tated obave. (1) (We) (did) (did no	t) view the bady after death.						
23A. SIGN	ATURE TO A A A A	44			23B. DATE SIGNED				
	1 / Well you	uca m	Attending Med. Phys. Director	Staff Phys.	9-13-11				
23C. PHYS	ICHAN'S IE (Type)	DEGREE	23 D. ADDRESS	,	21207				
	Rafael Perez-	Mera Md.	8507 Liberty	Rd. Baltim	ore, Maryland				
24A. BURIAL C		24C. NAME of CEMETERY of	REE		(City, town, or county) (State)				
Burial	Sept.1	3,71 Parkwood cemet	Par	physical =	oltimore C- Wi				
	C'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		altimore Co. Md. ADDRESS				
CEE	15 1071 R.	LE FALSON N.B.	Loring, byers	Funeral D	irectors P.A.				
VS 150-REV. 1	1//48		A OVEC TYPERTY	KQ. Kanda	listown, Md.				



1	1/ - 3~0 /3 00/2	CITY HEALTH DEPARTMENT					
BI	CERTIFIC	CATE OF DEATH REG. NO. 71 8642					
1,	NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
IL.		EK 9971 16:45 P					
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Where deceased lived. If institution: residence before admission. A. STATE B. COUNTY					
FLHIN	ILL NAME OF OFFICE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
1	INIVERSITY OF MARYLAND HOSPITAL	BALTIMORE YES NO					
	WINERZILL OF MUNKATUMIA MALLINIA	E. STREET AND NUMBER 4216 BELMAR AVE.					
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8 DATE OF SIDTY OF ACE II					
	M Caucasian WIDOWED DIVORCED						
do	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	5TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT					
(	hauffeur Belmar Pharmacy	Balto. Nd. U.S.A.					
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
yl-	JOHN VITEK	Eliz. Cuach					
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s.no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS TO HOSP. CHART					
_	18. CAUSE OF DE						
	1860						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE RENAL FAILURE					
	(A) IMMEDIATE	THE TAXABLE PROPERTY OF THE PR					
	heart foilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF: HYPER CALLEMA					
	injury or camplication which caused death.)	(A.A					
	ANTECEDENT CAUSES	METASTATIC CA OF BLADDER					
	HAD THE COURT COURT (A) SIGHING HE	AS A CONSEQUENCE OF:					
	ONDERCTING CONDITION Tost. (C)	DOCUMENTO CONTROL DE LO COMPONICIO DE CONTROL DE CONTRO					
NOLL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
•	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	[20 A. AUTOPSY? (Yes or No.)] 20 B. IF YES, WERE FINDINGS CONSIDERED					
CERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?					
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, form, foctory, street DEATH (notify medical examiner)	g, in or obout 21C. WHERE DID (If in Bollimore City, give exoct location) office bldg, INJURY OCCUR?					
MEDI	21D-TIME (Month) (Doyl (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
Ξ	OF INJURY (APPROX.)  While AI Not V Work At W	While					
	22. I certify that (i) (this hospital) attended the deceased fram	8/24 19 7/ to 9/9 19)					
	that (1) (we) last saw the deceased alive an 9 6	19 and that in (my) (aur) apinion death accurred on the da					
and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
		Attending Med. Stuff Phys. 238. DATE SIGNED					
	23C. PHYSICIAN'S NAME (Typel	23D. ADDRESS					
24/	MARK H. KASOWITZ DEG  BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF  REMOVAL (Specily)						
	Burial 9-13-71! Dulaney Valle						
25/	FD 15 1971 Pober & Salber M. D.	25c. FUNERAL DIRECTOR ADDRESS  Show. Biller Inc-6415 Belair 1200					
VS	150-REV- 1/1/68	10-10-10-10-10-10-10-10-10-10-10-10-10-1					

Al-

	M 14/2			BALTIMORE CITY	HEALTH DEPARTMENT		- A	40			
BI	RTH NO.	71	8643	CERTIFICA	TE OF DEATH	REG. NO	/1_	8643			
1.	NAME OF DECEAS	ED			2. DATE AN	ND HOUR OF DEATH					
IL		SADIE F				MBER 11, 19		5	A . M		
3.	PLACE IN BALTIM	ORE MARYLAND, W	VHERE PRONO	UN CED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i	n stitution:	residence before ad	mission)		
FL	JLL NAME OF	UF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND		422	278	8		
lin	STITUTION	ADDRESS OR LOC.	A IION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	5305 NELSO	N AVENUE			BALTIMORE		YES 🗌	No 🗌			
	00				E. STREET AND NUMBER 5305 NELSON	AVENUE #	21215				
5.	SEX 6. F	ACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		er 1 Yr. , If Under	24 Has		
	FEMALE	WHITE	WIDOWED		10-10-1905	Jost birthdoy	Months		Min.		
10/	USUAL OCCUPA	TION (Give kind of worling life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CIT	ZEN OF WHAT CO	OUNTRY?		
100	HOUSEWIF		AT	HOME	BALTIMORE, MA	DVIAND	,	USA			
13.	FATHER'S NAME	<u> </u>		HOME	14. MOTHER'S MAIDEN NAM			03 A			
	HARRY FR	ANK			MARY NITZBE	RG					
15.		r in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT			ADDRESS			
II .	NO	yes, give war or dote	s of service)	SECURITY NO.	MICC LIMA WILLE	D	G 001 - 41				
	18.	9/1		CAUSE OF DEATI	MISS LITA MILLE	R, 5305 NEL	SUN A	VE. #Z1Z15			
	DISEASE C	R CONDITION DI	RECTLY			/		BETWEEN ONSET AN			
		DING TO DEATH		(A) IMMEDIATE CAU	SE HEARL Su	lure		Sudde	en_		
	heart failure, osth	heart failure, osthenia, etc. II means the disease,									
	injury or complication which caused death.)								-		
	ANTECEDENT CAUSES (B) HASUE								,		
	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the										
	UNDERLYING CO	ONDITION last.		(c) BURNY	us Mellelas	overely					
z	OTHER SIGNIFICA	11	ATRIBUTE LA								
VIION	TO THE DEATH BL	IT CONDITIONS COI	HE TERMINIAL								
FIC	19A-DATE OF OPE	RATION 198 CON	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yos or No	208. IF YES. WERE	FINDINGS	CONSIDERED			
CERTIFICA	0	WAS PERF				IN CERTIFYING CA	USES OF	DEATH?			
	OR CONTRIBUTION	AS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(II In Boltimor	e City, giv	e exoct location)			
S	DEATH Inotify med	icol examined	etcJ								
MEDI	OF INJURY	onth) (Day) (Year)		INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?					
<	IAPPROX.)		Whi	le At  Not While At Work							
	22. I certify that (1) (this hospital) attended the deceased fram 1936 19 to 9341 1971										
	that (1) (we) last saw the deceased alive an Reph 10 19 21 and that In(my) (aur) apinian death accurred an the date										
	and haur and from the causes stated above. (1) (Ne) (dld) (die nat) view the bady after death.										
	23A SIGNATURE	23 R. DATE FIGNED									
	Jayre	~ 0 10	ace	DEGREE Phys.	Med.	Staff Phys.	91	11/71			
	PAME (Type)				3D. ADDRESS		-	/			
		JOSEPH M		DEGREE	6821 REISTERST	OWN ROAD					
24A	REMOVAL (Special	ON, 248 DATE	1	ME of CEMETERY OF CRE			ly, lown, o		Stole)		
	BURIAL	9-12-71	MIK	RO KODESH		TIMORE, MAR	YLAND				
25 A	DATE REC'D BY	40004	25B. NAME O	E REGISTRAE	25C. FUNERAL DIRECTOR	e proc cos	O DET	ADDRESS	DOAD		
	SEP 15	19/1 1600	B E. Va.	Dev, Thu,	SOL LEVINSON	g RKO2.,601	J KEIS	SIEKSTOWN	KUAD		
٧S	150-REV. 1/1/68										

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	A-34.
and eath ased the Such	BIRTH NO.
f death f death eceased on the h. Such	(Type or Print)
spit of of Ce	3. PLACE IN B.
proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death iny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.	FULL NAME OF HOSPITAL OR
in og cogused ause	SINGL
outin ed c ar o pri	4-2
trib min gule sed	5. SEX
ath occur or contribution of the contribution in regul deceased	IOA, USUAL OC
is assistant if death occurrect, if the direct or contributionary kind; (4) Undetermined iced death was in regular indance on the deceased profinal disposition is made.	done during most RETIREL XXXXX KSYX 13. FATHER'S N
rect (4) w the ispo	UNX
sistant the dir kind; ( death nce on inal dis	15. Was Decease (Yes, no or unknow
f th y ki d d anc	18.
iner or his as ner. Also, if acture of any pronounced ilar attendar nbalmed or f	DISE
Almer att	(This does
xaminer or his assistant if d xaminer. Also, if the direct ) A fracture of any kind; (4) U who pronounced death was regular attendance on the are embalmed or final dispos	injury or co
exam exam 3) A fi who n reg	DISEASES
al e y (3); (3) an s in s a	rise la 1 UNDERLYII
proved by the chief medical examiner or his assistant if death occurred in the hospital by a medical examiner. Also, if the direct or contributing ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined can except where the physician who pronounced death was in regular attand (6) No physician was in regular attendance on the deceased prior obtained before the remains are embalmed or final disposition is made.	O OTHER SIGN
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chi Boc the the hysi	E O
the plant before	OTHER SIGN TO THE DE, DISEASE OR DISEASE OR DISEASE OR DISEASE OR DISEASE OR CONTRIL OR CONTRIL OF INJURY
d by pospii ture ture (6) N (6) N	21D. TIME OF INJURY
y na xcep nd (	(APPROX)
of an th); a th); a th); a	22. 1 certif
be d t ut of ut of pital pital ist b	and hour a
e must be a released to accident of a hospital or to death)	23A. SIGNAT
icate must be was released An accident A. at a hospit prior to deat	23C. PHYSIC
This certificate must be app the body was released to t shows: (1) An accident of ar was D.O.A. at a hospital (e deceased prior to death);	24A. BURIAL CE
This certifice the body we shows: (1) A was D.O.A. deceased previate app	BURTAL
This cert the body shows: (' was D.O decease	25A. DATE REC
W > U >	SEP 1

1	7 21/1	,	-1.4	0044	В	ALTIMORE CITY	Y HEALT	H DEPARTME	NT		17	1	8644	
17	TH NO.		71	8644		ERTIFICA	TE C	F DEAT	ΓH	REG	. NO		0044	
1.1	NAME OF DE	CEASED								HOUR OF	DEATH			
Ту	pe or Print)	Adlebe	ra. La	Wis				5	7/101	191			100	20 "
3.	PLACE IN BA			HERE PRO	NOUNCED	DEAD	4. USU A. STA	AL RESIDENCE	COUNT	deceosed I	ived. If inst	itution:	residence before o	dmission)
HC	ILL NAME OF STITUTION	(IF NOT	IN HOSPIT	AL OR INS	NOTUTIT	GIVE STREET	Ma .	OR TOWN J	Bo	Timos	D. INSID	E CITY	LIMITS?	5/
	SINGL	Moso.	INC O	of Bo	11 mere	2	E. STR	ET AND NUM	BER			YES	NO [	
4	<del></del>						69		where			2/2/	15	
5.	M ALE	"	HITE	WIDOW	ED 🗌	DIVORCED	61	0F BIRTH 28/89	la	AGE (In y	ears 82	If Und Manths	er 1 Yr. If Under Doys Hours	r 24 Hrs. Min.
don	RETTRED	working life by MERC	e kind of work ep it tetired) HAN I	1	OF BUSINE OULTRY	SS OR INDUSTRY	11. BIRT			IMORE,	MD.		USA	OUNTRY?
13.	FATHER'S NA	ME					14. MO	THER'S MAIDE	N NAM	E				
	UNX	Non	ADLEB	ERG			X	XXXXXXXXX		RACHE	L	?		
15.	Was Deceased	d Ever in U. S.	Armed For	ces?	1 6. 500		1	RMANT					ADDRESS	
	NO	in yes, give	wor or unic	a or servic		URITY NO.	Lille	in adl	eberg	r F	693	4 8	Herbeihts	DA.
	18.4	6191				AUSE OF DEAT	Н						APPROXIMATE IN	
	DISEASE OR/CONDITION DIRECTLY													
	heart lailure,	nat mean the asthenia, etc mplicolian wh	c, it means	the disea	.g., se,	DUE TO, OR AS	A CONSE	ODENCE OF:	yas	HE 31	***************************************		ayes.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		ANTECEDEN											ł	
	DISEASES	OR CONDIT	ions, if	any, givi	na (	DUE TO, OR AS	A CONS	EQUENCE OF:			************		***************************************	
	ise in the above cause (A) stating the UNDERLYING CONDITION last. (C) CEREBRE - MISCULOF CONDET													
_		11												
TION.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL													
CA		ONDITION GI	19B. CON	DITION FO	R WHICH C	PERATION	[20A.	AUTOPSY? (Yes	or No)	20B, IF YES	. WERE FIN	IDING:	CONSIDERED	
CERTIFICA	0		WAS PER							IN CERTIFY	ING CAUS	ES OF	DEATH?	
CAL		NT WAS UND UTING CAL medical exam	JSE OF	· [[	IR PLACE ( nome, form, itc.)	OF INJURY (e.g., i tactory, street, of	n or abou Nice bldg.	21 C. WHERE	DID UR?	(II te	Boltlmore	City, giv	ve exact location)	
1 144	21D. TIME OF INJURY	(Manth) (D	oy) (Year)			OCCURRED		21F. HOW DI	וענאו מו	RY OCCUR	?			
×	(APPROX.)				While At C	Not Whil At Work	e 🗌							
	22. 1 certify	that (1) (thi	s hospital	) ottende	the dece	sed from		8/14	19	7/_ to.			29/10 19.	7/
	that (1) (we)	last sow th	e decease	d olive o	n	9/10	19	7/					oth occurred on	
	and hour an	d from the c	auses stat	ed above	(I)(We)	did (did not) v	lew the							
	23A. SIGNATI	Jack Or	Hlack			MIR AHO	nding	Med. Director	St Ph	hoff N	2	3R. DA	TE SIGNED	
	23C. PHYSICAL	AN'S (ype)	1077 55			DEGREE	23 D. ADD	RESS						
			ACK PO			DEGREE		INAI HOS	SPITA	L				
24A B	URTAL CRE	Specily) 9	-12-71			EMETERY OF CRE RE HEBREW	MATORY	2	BALT	IMORE,				(Stote)
2SA	DATE REC'D	BY HEALTH	00 -		E OF REGIST			FUNERAL DIR		222		22-	ADDRESS	DOAD
	SEP 1	5 1371	(16 Car B	E. 32	Bes, AL		S0	LEVINS	SON IE	BROS.	,6010	REI	STERSTOWN	KUAD
VS	150-REV. 1/1/	68			170									

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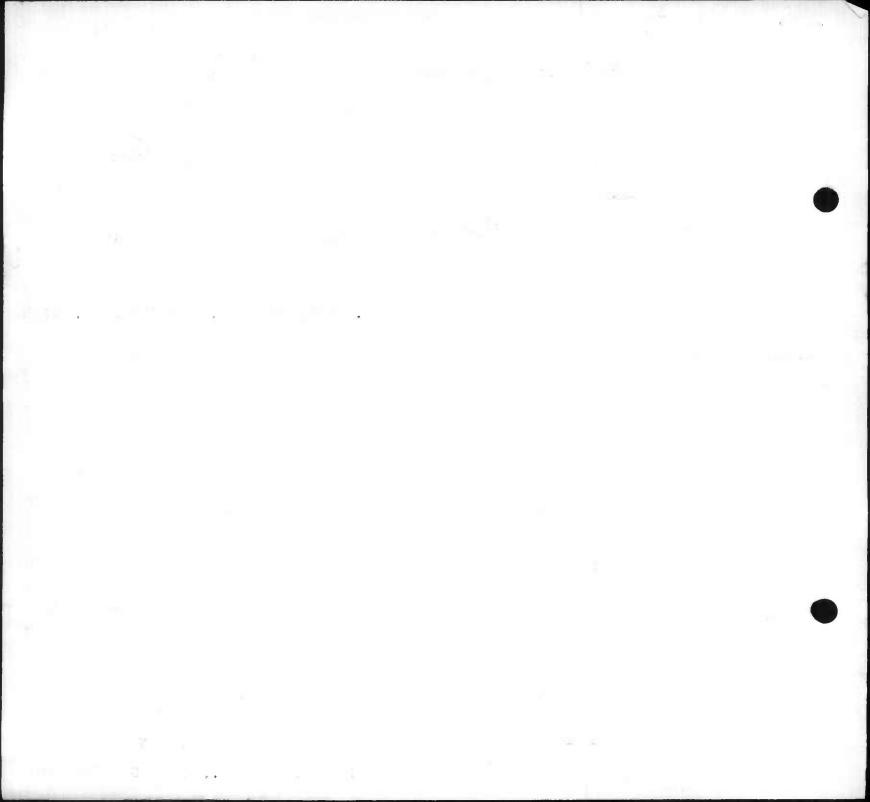
14/01/6

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH al and death the Deceased Suci 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) AYNAM KXXXXX L<sub>O</sub> NechamKin hospital 10 death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before attendance A. STATE (4) Undetermined cause; (5) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C, CITY OR TOWN House in the Pines - Belvedore D. INSIDE CITY LIMITS? 8 0 Belto YES P NO West Beludere prior contributing E. STREET AND NUMBER Balto., Md. 21213 6935 Reisters Town Ad. occurred regular made 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED 4 NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. WHITE deceased lost birthday Female WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (Stote or foreign country)

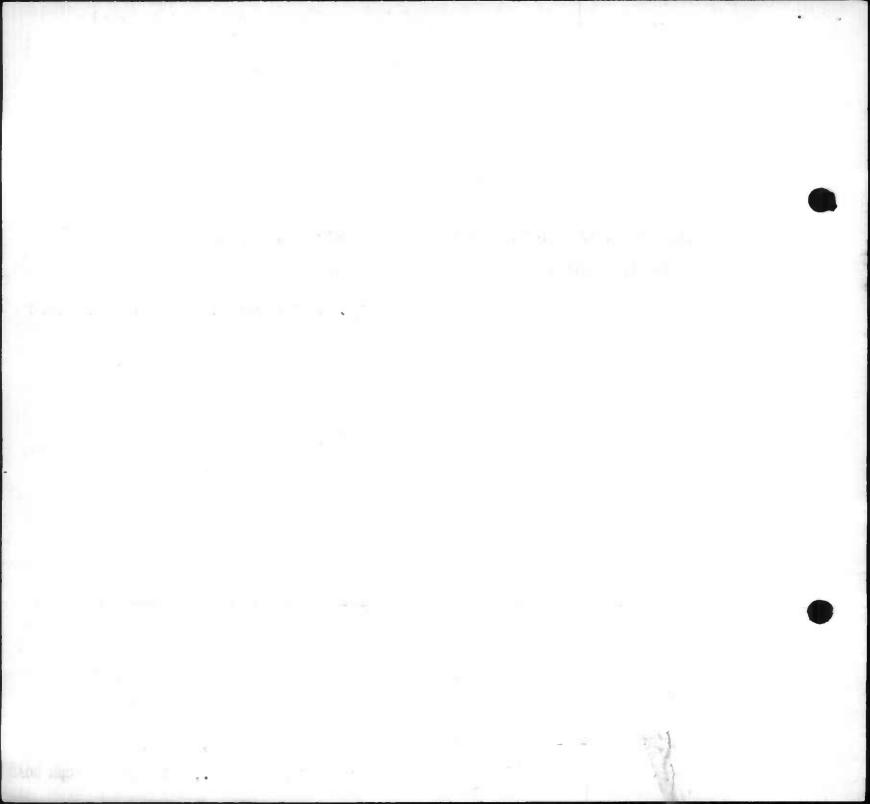
AT HOME

AT HOME

RUSSIA 12. CITIZEN OF WHAT COUNTRY? disposition death = Housewise RUSSIA USA Was the 13. FATHER'S NAME direct 4. MOTHER'S MAIDEN NAME assistant death O 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) ADDRESS 0 SECURITY NO. attendance MR. ISRAEL NECHAMKIN, 2418 SYLVALE RD. #21209 NO any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 18. 9 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH Inanition (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: head failure, asthenia, etc. Il means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who are DUE TO, OR AS A CONSEQUENCE OF a demin 4 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician remains UNDERLYING CONDITION lost. Was any nature; (2) Body burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED MESS IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DYD home, form, Sectory, street, office bldg., INJURY OCCUR? where (If In Baltimore City, give exoct location) to the hospital MEDICAL DEATH (notily medical expenimen) elc.) obtained 21 D. TIME OF INJURY (Month) (Hour) (DAN (Yeor) 21 E INJURY OCCUPRED 21F. HOW/DID INJURY OCCUR? 9 approved Not While (except While Al (APPROX.) Work Al Work and 22. I certify that (1) (this hospital) attended the deceased fram. about 1965 be that (1) (we) last saw the deceased allve an.... and that In(my) (our) apinion death accurred an the date hospital death) accident of the body was released and haur and from the causes stated abave. (1) (We) (dld) (did not) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending [ glochi Med. 0 approval Phys. Director 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior aţ An O. A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY of CREMATORY eceased 24D. LOCATION (City, town, or county) (Stote) written shows: RANDALLSTOWN, MARMLAND BURIAL 9-12-71 BETH EL MEMORIAL PARK Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAP 25C, FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

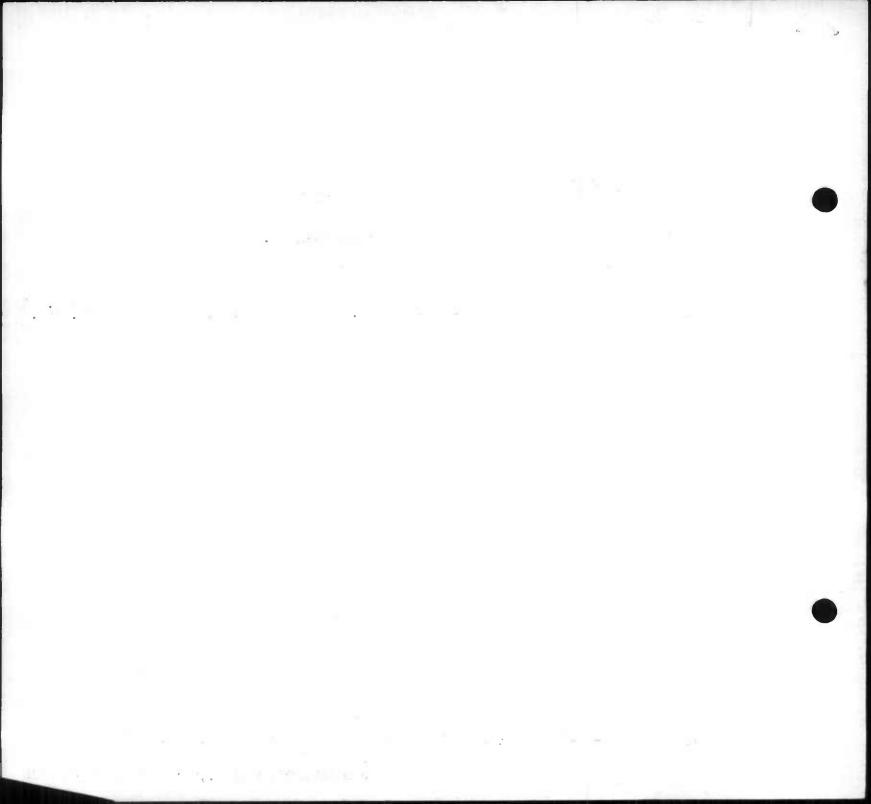


B		TE OF DEATH REG. NO. 71 8646					
	NAME OF DECEASED  ype or Print) WA	2. DATE AND HOUR OF DEATH					
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I( institution; residence before admission)					
F	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	Md.					
ľ	San Olor	D. INSIDE CITY LIMITS?  YES NO					
	Maryland General Hospital	E. STREET AND NUMBER 3415 (CCO) Rd, 21207					
	Male 6. RACE White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 11 Under 1 Yt. If Under 24 Hrs. Months Days Hours Min.					
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	XXXXXXXXXXSELF EMPLOYED GROCER	BALTIMORE, MARYLAND					
113	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	JOSEPH SCHOCHET	ANNA ?					
15. (Ye	Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	NO	MRS. ELSIE SCHOCHET, 3415 KELOX ROAD #21207					
	18. CAUSE OF DEATI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A tout 2 augusti					
	(A) IMMEDIATE CAU  (A) IMMEDIATE CAU  DUE TO, OR AS  injury or complication which coused death.)	A CONSEQUENCE OF:					
	ANTECEDENT CAUSES A TE	and but and					
		A CONSEQUENCE OF:					
	rise to the obove cause (A) stating the UNDERLYING CONDITION last.	alete Mellita					
	1						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	etic Nephropathy					
CERTIFICATI	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CAL	21A-ACCIDENT WAS UNDERLYING   21B-PLACE OF INJURY (e.g., In home, farm, factory, street, all etc.)	or obout 21 C. WHERE DID					
MEDI	21D-TIME (Manth) (Day) (Year) (Haud) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
2	(APPROX.) While At Not While At Work						
	22. I certify that (1) (this hospital) attended the deceased from	Sept 10 19 71 to Sept 10 19					
	that (1) (we) lost sow the deceased alive on	19 7 ond that In (my) (our) opinion death occurred on the date					
ond hour and from the causes stated above. (i) (We) (dld) (dld not) view the body ofter death.							
23A. SIGNATURE 23B. DATE SIGNED							
	Phys.						
	Michael A. Merman mo	Maryland beneral Hosp.					
247	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)					
0.5	BURIAL 9-12-71 WORKMEN CIRCLE	BALTIMORE, MARYLAND					
	SEP 15 1971 Pose SEL NAME OF REGISTRAS	SOL LEVINSON & BROSL, 6010 REISTERSTOWN ROAD					
VS	150-REV. 1/1/6B						

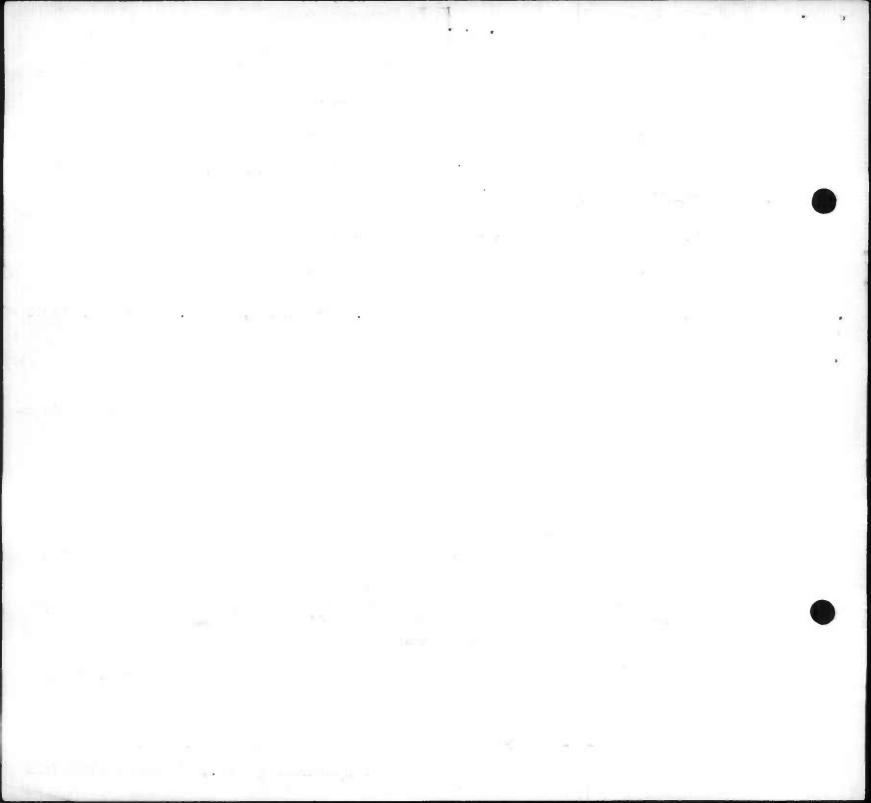


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ist be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the ch	the body was released to the hospital by c	shows: (1) An accident of any nature; (2) Bo	was D.O.A. at a hospital (except where th	deceased prior to death); and (6) No phys	written approval must be obtained before t	

	M-141 CEDTIEN		HEALTH DEPARTMENT TE OF DEATH REG. No. 71 8647				
1.	RTH NO.  NAME OF DECEASED  ADDIFICIAL OF THE RECEIVED THE	A	2. DATE AND HOUR OF DEATH				
	MITCULO O TICKUS	77	Septenter 12, 19/1 6 MM. M.				
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY				
{  H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOOATION)		Maryland 2730				
12	. Ha Dital a Doumare Line.		c. CHY ORTOWN D. INSIDE CITY UMITS? YES V NO				
	helveder Ave afgrenspring.		E. STREET AND NOMBER 19 Hights Ave #15				
5.	SEX 6. RACE WHITE 7. MARRIED V NEVER MARRIED WIDOWED DIVORCED		B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Months: Doys   Hours   Min.				
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	STRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	HOUSEWIFE AT HOME		BALTIMORE, MD. M.S.A. M.S.A.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	SIMON LEVIN		ANNIE ?				
15. (Ye	Was Deceased Ever in U. S. Armed Forcos? s,no or unknown) (If yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS APT . 808				
L	NO 215- 48-75	33	MR. SAMUEL APPLEFELD, 7121 PARK HGHTS. AVE.				
	DISEASE OR CONDITION DIRECTLY	EATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE DEDITION CO. Me for kesos 4 years						
	hearl foilure, osthenia, etc. It meons the disease, injury or complicolian which coused death.)						
	ANTECEDENT CAUSES adenocarcinoma ( per						
	DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)						
z	II .	···					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*******					
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED TOVE TO TOVE	Cen	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (c.	o.a. in	gr obout 21 C. WHERE DID /// In Rollingso City also and In-tity				
ICAL	DEATH (natily medical examiner) etc.)	er, om	ce bldg., INJURY OCCUR?				
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED		21F. HOW DID INJURY OCCUR?				
	Work L. At W	While Vork					
	22. 1 certify that (1) (this hospital) ottended the deceased from AUGUST 30 1971 to September 12 1971						
	that (1) (we) last saw the deceased alive on September 12 1971 and that in (my) (our) opinion death occurred on the date						
	ond hour and fram the couses stated obave. (I) (We) (did) (did no	t) vi	w the body ofter deoth.				
	2- Lalisky	Attend	ding Med. Shaff M				
	23C.PHYSICIAN'S NAME (Type) VALISITY	Phys.	D. ADDRESS DO HOLD TO BE STEAMEN 100				
24A	BURIAL CREMATION, 1248, DATE 124C NAME OF CEMPTERY	CREA	Sinai Mospilar of Bustanove Mp				
	BURIAL 9-13-71 HEBREW FRIENDSH		BALTIMORE, MARY LAND (Stole)				
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	3 /	25C. FUNERAL DIRECTOR 4 ADDRESS				
	SEP 15 1971 16Bert E. Farber, M.D.	1 1	SOI LEVINSON & BROS.,6010 REISTERSTOWN				
VS	150-REV. 1/1/68						



I-525 71 86	BALTIMORE CITY	HEALTH DEPARTMENT  TE OF DEATH REG. NO. 2	1 0018					
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO. Z	. 30.10					
(Type of Print)	H INKMAN	2. DATE AND HOUR OF DEATH	1630/ Am					
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II is	nstitution; residence belare admission)					
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	MARY LAND	SIDE CITY LIMITS?					
SINAI NXN HOSPITAL		BALTIMORE	YES NO NO					
4-3		E. STREET AND NUMBER						
$T \propto$		3922 CLARINTH ROAD						
5. SEX 6. RACE	7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years liest birthday)	If Under 1 Yr. Il Under 24 Hrs. Manths: Doys Hours Min.					
FEMALE WHITE	WIDOWED DIVORCED	72						
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?					
HOUSEWIFE	AT HOME	RUSSIA	USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
BENJAMIN BART	4 4	SARAH ?						
15. Was Deceased Ever in U. S. Armed Farc (Yes, no or unknown) (If yes, give war or dates		17. INFORMANT	ADDRESS					
	do la	NE HARRY VEHICER 724 CE	DAIN DYACE #21202					
NO	CAUSE OF DEATH	MR. HARRY KRUGER, 326 ST.	PAUL PLACE, #212UZ					
DISEASE OR CONDITION DIR	15		BETWEEN ONSET AND DEATH					
LEADING TO DEATH	CATHMEDIATE CAU	. PNEUMONIA	17 Dans					
(This does not mean the mode of heart failure, asthenia, etc. it means		CONSEQUENCE OF:	· · · · · · · · · · · · · · · · · · ·					
injury or complication which coused	death.)		10 270					
ANTECEDENT CAUSES	ANTECEDENT CAUSES & STEED FRACTURED RIGHT HIP 27 days							
DISEASES OR CONDITIONS, if o	ny, giving DUE TO, OR AS	A CONSEQUENCE OF:						
rise to the above cause (A) UNDERLYING CONDITION last.	stoting the							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A AUTOPST? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
8-17-1 WAS PERFO	218 PLACE OF INJURY (e.g., in	/V U	4.3-00					
OR CONTRIBUTING CAUSE OF	hame, farm, factory, street, off	ice bldg., INJURY OCCUR?	e City, give exoct location)					
	NURS ING-		VURSING HOME					
S OF INJURIO	(Hour) 21E INJURY OCCURRED  While At   Not While	21F. HOW DID INJURY OCCUR?						
(APPROX.) 8 -/6 - // 9	Work L At Work	PI. FELL						
22. I certify that (this hospital)	attended the deceased fram	8-/6 197( to 9	7-12 1971					
that (i) (ass saw the deceased			nian death occurred an the date					
and hour and fram the causes state	d obove. (I) (III) (did) (did) vi	ew the bady after death.						
23A. SIGNATURE	100		23B, DATE SIGNED					
Morald V. By	ank M. Diegree Phys.	ding Med. Staff Phys.	19-12-71					
23C. IHYSICIAN'S HAME (Type)		3D. ADDRESS						
RONALD P. BY	ANK M.D	SINAL HOSPITAL	RAI_TIMORF					
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (CI	ty, lawn, or county) (Stote)					
BURIAL 9-13-71	N CHIZUK AMUNO (A	ARLINGTON) BALTIMORE, M	MARYLAND					
25A, DATE REC'D BY HEALTH DEPT.	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS DOAD					
SEP 15 19/1 1/65 & E.	Jaban, 19.0. 1 0	SOLI LEVINSON & BROS., 6010	REISTERSTOWN ROAD					



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VS 150-REV. 1/1/68

and

of death

Transport of Secretary   Sec		500	TE OF DEATH REG. NO. 71 8650						
Total Dearwork   Tota		BIRTH NO. CERTIFICA	TE OF DEATH						
A PLACE IN BALTIMORE, MARIAMON, WHERE PRONOUNCED DEAD  FILL NAME OF BINOT IN HOSPITAL OR INSTITUTION, GIVE STREET  MOSPITALOR  LEVINDALE HEBREW HOME W. BELVEDERE AVE  LEVINDALE HEBREW HOME W. BELVEDERE AVE  STREET AND NUMBER  LEVINDALE HEBREW HOME W. BELVEDERE AVE  LEVINDALE REMAINANT PLANTAGE AND AVER AVE  LEVINDALE HEBREW HOME W. BELVEDERE AVE  LEVINDALE HEBREW HOME W. BELVEDERE AVE  LEVINDALE HEBREW HOME W. BELVEDERE AVE BOND AVER AVE BOND AVE BOND AVER AVE BOND AVE BO		(Type or Print) Elsie Cohen	0 12 1071						
RATION   RADIES OF INSTITUTION, GVE STREET   RATION   RADIES OF INSTITUTION, GVE STREET   RATION   RADIES OF INSTITUTION, GVE STREET   RATION   R			4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission)						
Levindale Hebrew Geriatric Center and Hospital (Chionic Disease Hosp Lital area)   Levindale Hebrew Geriatric Center and Hospital (Chionic Disease Hosp Lital area)   Levindale Hebrew Home W. Belveder Ave Lital area   Levindale Hebrew Home W. Belveder Ave Lital Belfishey Lital Area   Levindale Hebrew Home W. Belveder Ave Lital Belveder Lital Lit			A. STATE B. COUNTY						
and Hospital (Chronic Diseae Hosp    E. SHEET AND NUMBER   Large   Lar		INSTITUTION							
S. SE Female Human    Fig.   Amarica   Never Married   Note   Date of Birth   Note   N									
New Property   New									
IO. AUSAL OCCUPATION (Circu bind of work) gile, BIND OF BUSINESS OR INDUSTRY   1.5 RETHER STATE   12. CHILEN OF WHA] COUNTRY done duming and working life, some if redired)   AT HOME	=	Female Human Widowed Divorced	lost birthdov Months' Days Hours Min.						
1. FATHER'S NAME   1. MOTHER'S MAIDEN NAME   1. MOTHER'S NAME		10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?						
LAZER LAPIN    S. West Decessed Ruy & U. & Annel Forcest   10. SOCIAL   17. INFORMANY   17. INFORMANY   18. IN			ISRAEL USA						
10   10   10   10   10   10   10   10		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
NO NO HANNAH SAMORODIN 6310 GREENSPRING AVE APT 306    18.		LAZER LAPIN	CHANA LEAHM ?						
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heard foliuse, cashenia, etc. il means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving size to the obove cause IAI stoling the UNDERLYING CONDITIONS, of any, giving size to the obove cause IAI stoling the UNDERLYING CONDITION lest.  DISEASES OR CONDITIONS, if any, giving size to the obove cause IAI stoling the UNDERLYING CONDITION lest.  DISEASE OR CONDITIONS CONTENDUTING CONTENDUTING TO THE EARTH OF THE TEACH PARTY IAI.  DIABAGE OF CONDITION 19% CONDITION FOR WHICH OPERATION 19%-ACONSTONE ARE TO THE TEACH PARTY IAI.  19%-DATE OF OPERATION 19%-CONDITION 19% CONDITION 19% CONDITION 19%-CONDITION 19%-COND									
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not meen the mode of dying, e.g., heart loilure, astheria, etc. It means the disease, injury or complication which caused death, and the mode of death, and the disease, injury or complication which caused death, and the disease, injury or complication which caused death, and the disease, injury or complication which caused death, and the disease, injury or complication which caused death, and the disease, injury or complication which caused death, and the disease, injury or complication which caused death, and the disease, injury or complication which caused death, and the disease, injury or complication which caused the deceased death, and the distribution of the death of the disease, injury or compliance the disease, injury or compliance the disease, injury or contribution of the death of the disease, injury or contribution of the death of the disease, injury or contribution of the death of the death of the disease, injury or contribution of the death of the									
Complication which caused death, and it is a complete the course of the control		770,07							
DUE TO, OR AS A CONSEQUENCE OF:   Previous Gas Gangrene Left Lower   Previous Gas Gangrene Left Lower   Extremity (post A.K. Amputation)   Weeks     DISEASES OR CONDITIONS, if any, giving   isse to the obove couse (A) stating the UNDERLYING CONDITION lost.   Due to, OR AS A CONSEQUENCE OF:   Arteriosclerotic Peripheral Vascular   month		LEADING TO DEATH	Pulmonary Emboli (?septic) days/week						
DISEASES OR CONDITIONS, if any, giving iss to the obove couse IA) stoling the UNDERLYING CONDITIONS, it any, giving iss to the obove couse IA) stoling the UNDERLYING CONDITION lest.    Other SIGNIFICANIC CONDITION SCONTRIBUTING TO THE PERMINAL DISEASE OR CONDITION GOVERN THE PROPERTY OF A STATE OF THE PERMINAL DISEASE OR CONDITION GOVERN THE PROPERTY OF THE PERMINAL DISEASE OR CONDITION GOVERN THE PROPERTY OF THE PERMINAL DISEASE OR CONDITION GOVERN THE PROPERTY OF THE PERMINAL DISEASE OR CONDITION GOVERN THE PROPERTY OF THE PERMINAL DISEASE OF CONDITION GOVERN THE PERMINAL DISEASE OF CONDITION GOVERN THE PROPERTY OF THE PERMINAL DISEASE OF CONDITION GOVERN THE PERMINAL DISEASE OF CON		heart loilure, asthenia, etc. It means the disease,							
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ATTERIOSCIETCE Peripheral Vascular month  On the significant condition lost.  Other significant conditions contributing to the terminal disease of conditions contributing to the death of the terminal disease or conditions (conditions for which operation disease or conditions for the death of the death operation disease or conditions for the death of the death operation disease or conditions for the death operation disease or conditions disease or conditions disease or conditions disease or conditions disease di		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   1.0.    DISEASE OR CONDITION GIVEN PART   1.0.    DISEASE OR CONDITION PAR		use to the obave couse (A) staling the Arteri (C)	osclerotic Peripheral Vascular month						
194. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED Limited Post No. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. If YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. IF YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. IF YES, WERE FINDING COURTS OF DEATH OF THE YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. IF YES, WERE FINDINGS CONSIDERED LIMITED POST NO. 208. IF YES, WERE FINDING COURTS OF DEATH OF THE YES, WERE FI		or there significant conditions contributing Diabetes .	Mellitus, Arteriosclerotic years						
218. PLACE OF INJURY (a.g., in or obout 21C. WHERE DID (II in Baltimore City, give exocl locotion)  21D. TIME (Monith) (Doy) (Yeor) (Hour)  22D. TIME (Monith) (Doy) (Yeor) (Hour)  22D. TIME (Monith) (Doy) (Hour) (Hour)  23D. TIME (Monith) (Hour) (Hour) (Hour) (Hour)  23D. TIME (Monith)			20A AUTOPST? (Yes of No.) 20B IF YES, WERE FINDINGS CONSIDERED  IN CERTIFYING CAUSES OF DEATH?						
21D. TIME (Monih) (Doy) (Yeor) (Hour) 21E. INJURT OCCURRED  While At Work At Work At Work At Work (APPROX.)  22. I certify that (K (this hospital) ottended the deceased from 3-20 19 68 to 9-12 19 71  that (K) (we) last saw the deceased alive an 9-12 19 71 and that in Order (aur) apinion death occurred an the date and hour ond from the causes stated abave. (M.W.) (did) (M.W.) view the bady ofter death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) Theodore R. Reiff, MD LEVINSALE HEBREW HOME W. BELVEDERE AVENUE  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)  BURIAL 9/12/71 GREATER HALTO LODGE BOWLEYS LANE  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME QF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS		U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in lower, form, foctory, street, of	or about 21 C. WHERE DID (II in Bultimare City, give exact location)						
While At Work  22. I certify that (K (this hospital) ottended the deceased from 3-20  19 68 ta 9-12  19 71  that (K) (we) last saw the deceased alive an 9-12  19 71 and that in (M) (aur) apinion death occurred an the date and hour and from the causes stated abave. (M)		U	21E. HOW DID INHIPT OCCUPY						
22. I certify that (K) (this hospital) ottended the deceased from 3-20 19 68 to 9-12 19 71  that (K) (we) last saw the deceased alive an 9-12 19 71 and that in (K) (aur) apinion death occurred an the date and hour and from the causes stated abave. (K) (Ne) (did) (MeV) view the bady ofter death.  23A. SIGNATURE  Attending Med. Shoff Phys. 9-12-1971  23C. PHYSICIAN'S NAME (Type) Theodore R. Reiff, MD LEVINSALE HEBREW HOME W. BELVEDERE AVENUE  24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)  BURIAL 9/12/71 GREATER HALTO LODGE BOWLEYS LANE  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR. 125C. FUNERAL DIRECTOR ADDRESS		▼ (APPROX) While At  Not While							
that (N) (we) last saw the deceased alive an 9-12  19 71 and that in (NS) (aur) apinion death occurred an the date and hour and from the causes stated above. (No) (did) (No) (d			19 68 9-12						
and hour ond from the causes stated abave. (St. Ne) (did) (Alternat) view the bady ofter death.  23A. SIGNATURE  Attending Med. Staff Director Phys. 9-12-1971  23C. PHYSICIAN'S NAME (Type) Theodore R. Reiff, MD DEGREE LEVINSALE HEBREW HOME W. BELVEDERE AVENUE  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel)  BURIAL 9/12/71 GREATER BALTO LODGE BOWLEYS LANE  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME QF REGISTRAR, 125C. FUNERAL DIRECTOR ADDRESS		0.12	71						
Athending Med. Director Solf Director Director Director Solf Director Director Director Director Director Director		and hour and from the causes stated above. (15 (Ne) (did) (And riot) v	lew the bady ofter death.						
DEGREE Phys. Director & Phys. Specifically State Phys. Director & Phys. Specifically State Phys. Specifically									
LEVINSALE HEBREW HOME W. BELVEDERE AVENUE  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, fown, or county) (Stote)  BURIAL 9/12/71 GREATER BALTO LODGE BOWLEYS LANE  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME QF REGISTRAR. [25C. FUNERAL DIRECTOR ADDRESS]		DEGREE Phys	. Director 1 Phys. 4 9-12-19/1						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)  BURIAL 9/12/71 GREATER BALTO LODGE BOWLEYS LANE  25A. DATE REC'D BT HEALTH DEPT. 25B. NAME QF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		meddole K. Melli, MD							
BURIAL 9/12/71 GREATER HALTO LODGE BOWLEYS LANE 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME QE REGISTRAR. 25C. FUNERAL DIRECTOR ADDRESS		24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)						
25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		BURIAL 9/12/71 GREATER BALTO LO							
SOL LEVINSON & BROS 6010 REISTERSTOWN ROAD		SEP 15 1971 P. S. S. R. S.							

LEVINSON

& BROS 6010 REISTERSTOWN ROAD

Adm. 3/20/68 5410 Reisterstown Fed. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.

was D.O.A. at a hospital (except where the physician

25A. DATE REC'D BY HEALTH DEPT.

5

VS 150-REV. 1/1/68

Palent

E

approved by

certificate must be

BIRTH NO. 1. NAME OF DECEASED (Type or Print) James Leo 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Such

death.

0

prior

was in regular attendance on the

death

who pronounced

a hospital and

8651

alen

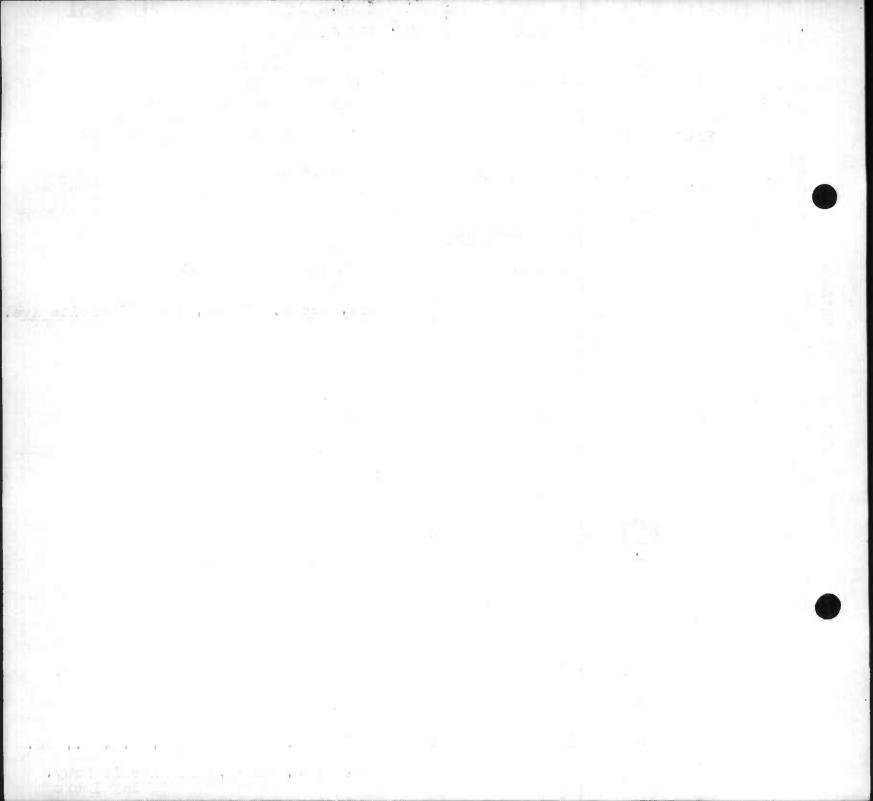
258 NAME OF REGISTRAR

BALTIMORE CITY	HEALTH DEPARTMENT	71 8651
CERTIFICA	TE OF DEATH REG.	NO
	2. DATE AND HOUR OF	
	Sept. 9, 19	7/ 11 = 00 A A
DEAD	4. USUAL RESIDENCE (Where deceased line A. STATE	ved. If institution; residence before admission
GIVE STREET	Md. Baltimore	D. INSIDE CITY LIMITS?
oital	BALTIMORE	YES MO
	E. STREET AND NUMBER	
	1296 Riverside Ave	e .
VER MARRIED	8. DATE OF BIRTH 9. AGE (In ye	ors If Under 1 Yr Il Under 24 Hrs. Months: Doys : Hours : Min.
DIVORCED	10/9/1920 lost birthdoy	
ESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
1)	Maryland	U.S.A.
	14. MOTHER'S MAIDEN NAME	
	Margaret E. 7	Her
CIAL CURITY NO.	17. INFORMANT	ADDRESS
0 07 943	Mrs. Leo J. Whalen	. 1296 Riverside Av
CAUSE OF DEATH	Ca of Lung	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUS	SE CONSEQUENCE OF:	**************************************
(8)		
DUE TO, OR AS	A CONSEQUENCE OF:	

George J. Conco. 4001 Ritchie Hgwy.

Bailtimore

South Baltimore General Hospital	BALTIMORE YES NO								
140									
5. SEX   6. RACE   7. MARRIED TO MARRIED TO	1296 Riverside Ave.								
Male White WIDOWED DIVORCED	10/9/1920 50								
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if refired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
American Rescue Service (Handyman)	Maryland U.S.A.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Thomas E. Whalen.	Margaret E. Tiller								
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no of unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS								
No 220 07 94	Mrs. Leo J. Whalen, 1296 Riverside Ave								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ca of Lung BETWEEN ONSET AND DEATH								
17his does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	AUSE AS A CONSEQUENCE OF:								
ANTECEDENT CAUSES									
DISEASES OR CONDITIONS, il any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	AS A CONSEQUENCE OF:								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A).									
198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
O 21A ACCIDENT WAS UNDERLYING 21R PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR? (If In Boltimore City, give exact location)								
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?								
[ [(V bbbOA)	OF INJURY (APPROX.)  While At Not While At Work  At Work								
22. I certify that (Nithis hospital) attended the deceased from Auf. 26 19/7 to Sept 19 7/									
that Th (we) last saw the deceased clive on Sept. 9, 197/ and that in (mx) (our) opinion death occurred an the date									
ond have and from the causes stated above. (1) (We) (did) (did not) view the body after death.									
Chui Jung Chan DEGREE PI	Hending Med. Stoff Director Phys. Stoff Start 9.71								
23C. PHYSICIAM'S NAME (Type) Chiu Sung Chan DEGAR	South Baltimore General Hospital								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C									
	lemorial Pk Gl en Burnie A A Co Md								



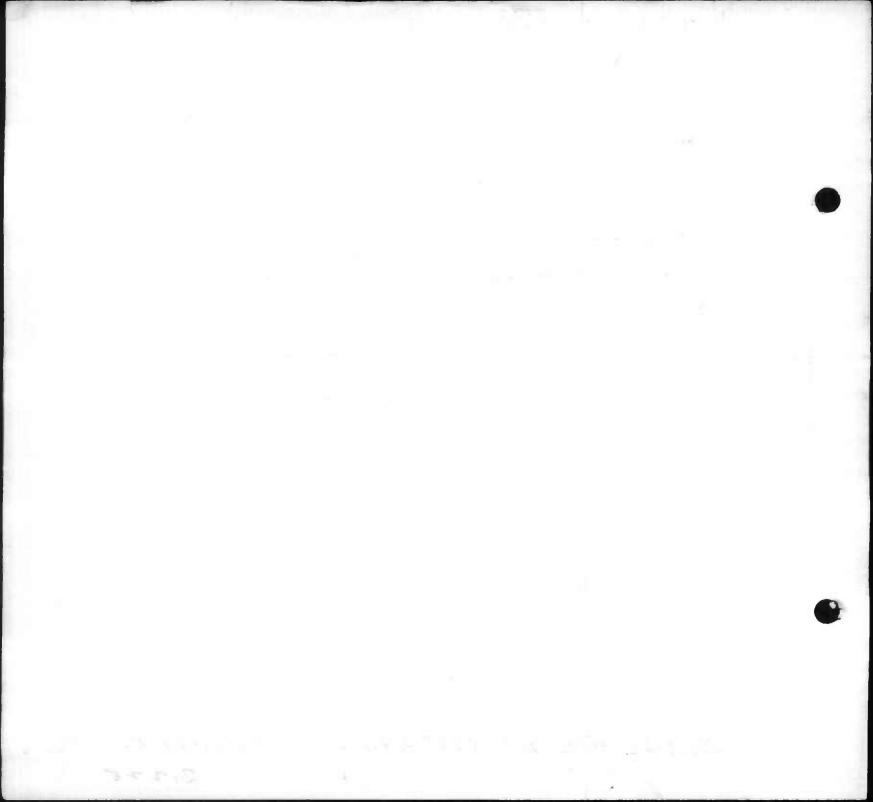
Baltimore . Md.

VS 151-REV. 1/1/68

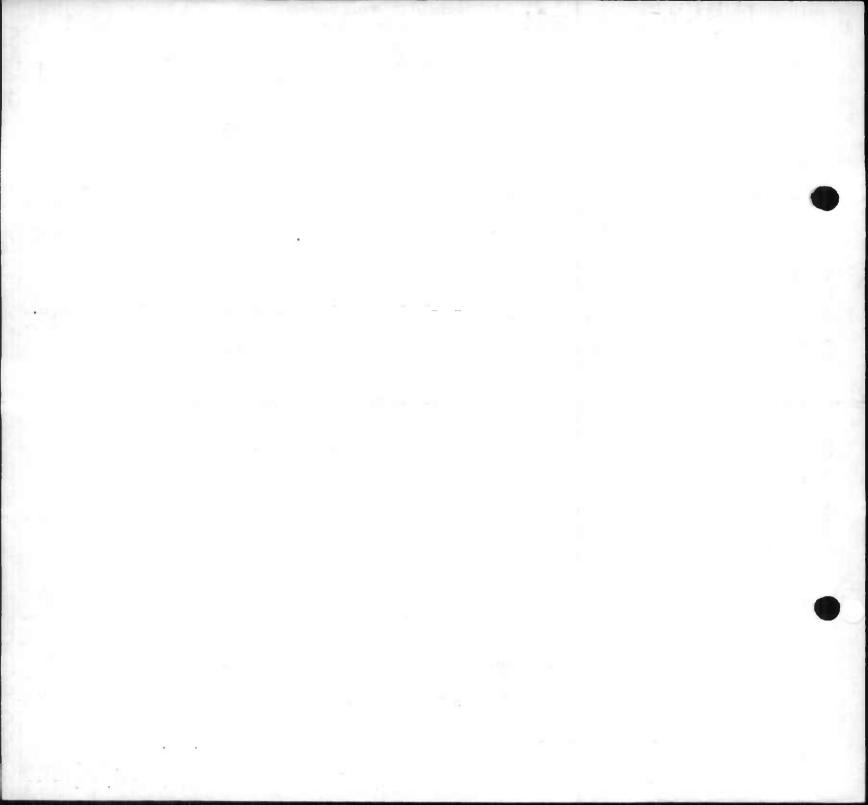
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PARKET AND MARKET PRINCES OF THE PARKET.

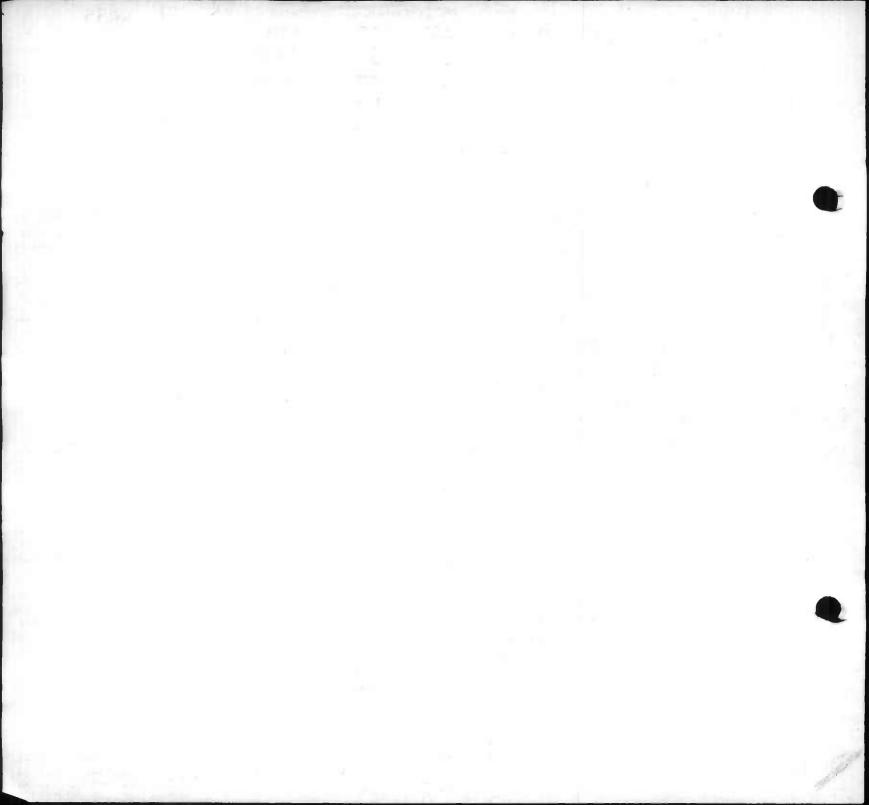
1	S-60071 8653  BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 8653
of death Deceased e on the ath. Such	BIRTH NO.  1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH
f dece	3. PLACE IN BALTIMORE MARYLAND, WHEE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived, if institutions residence helpse admission)
(5) and dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  A. STATE  B. COUNTY  A. STATE  D. D. C. CITY OR TOWN  D. INSIDE CITY LIMITS?
cause; cause; attend ior to	E. STREET AND NUMBER
ibutir ned cular d pri ade.	BON SECOUPS HOSDITAL 4709 CREST PLACE
FEBSE	MALS WHITE WIDOWED DIVORCED 10-18-1898 77
00 100	10A. USUAL O CCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  112. CITIZEN OF WHAT COUNTRY?  113. BIRTHPLACE (Stote or foreign country)
was the d	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
20 0	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
the di kind; death ince on final di	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or doles of service)  ADDRESS  213-03-8197  16. SOCIAL SECURITY NO.  213-03-8197  17. INFORMANT  ADDRESS
Also, if e of any nounced attendar	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IThis does not meen the mode of dying, e.g., heart failure, osthenia, etc., it meens the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
3) A fracture who propre n regular are emba	ANTECEDENT CAUSES  (B) CHF & ASCVD
	DISEASES OR CONDITIONS, il any, giving described describ
dica Jrns /sici was mai	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A).  U 1974, DATE OF OPERATION 1178, CONDITION FOR WHICH OPERATION 1208, AUTOPSYZ (Yes of No). 208, IF YES, WERE FINDINGS CONSIDERED.
Bod Bod the sth	DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED  204. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  214. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If In Boltimore City, give exect location)
here here to ph befor	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bldg., INJURY OCCUR?
atur pt w (6) r	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work At Work
y X X	(APPROX.) 3 days Work At Work 22. 1 certify that (1) (this haspital) attended the deceased from 9-8 197/ to 9-1/ 197/
+ 50.00	that (i) (we) lost sow the deceased alive on 9-11 1971 and that in (my) (our) opinion death occurred on the date
	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.  23A. SIGNATURE
released accident a hospit r to deat	Somehai Werasophon Mongare Phys.   Med.   Staff   9-11-7/
y was re (1) An ac 3.A. at a d prior approve	23C. PHYSICIAN'S NAME (Type)  SOMCHA! WERASOPHON M.D DEGREE  BON. SECOURS HOSPITAL
A Pad	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
the body shows: ( was D.O decease	BURIAL G/15/7 CRESTLAWN HOWARD CO. Md. 25A. DATE REC'D BY HEALTH DEST. 25B. NAME DE REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
show was dece	SEP 15 1971 Vasure Valor, 40.
	VS 150-REV, 1/1/6B



5	. TEN MA COPA	BALTIMORE CITY	HEALTH DEPARTMENT	1-1-4	
BIRTH I		CERTIFICA	TE OF DEATH	REG. NO.	8654
(Type or	2011014	POSE ANN	9 -	12 ~ 1971	
3. PLAC	CE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT	Υ	residence befare admission)
HOSPIT	AL OR ADDRESS OR LOCATIONS	STITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	In this city	LIMITS?
4	HR UNION MEMOR	IAC HOSPITAL	SALTING		NO
4	la de		4217 MOR	AUIA ROAD	
5. SEX	ORACE TO MARR	IED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years If Und	er 1 Yr. If Under 24 Hrs. Days Hours Min.
HEI	WIDON		01-12-39	32	IZEN OF WHAT COUNTRY?
	UAL OCCUPATION (Give kind of work 10B, KINE ing most of working life, even if retired)	OF BOSINESS OR INDUSTRI	I I' BIKILLEWCE (21016 OL 101618		2. 2. U. L
12. EAT	TYPIST Cat	holic Review Pap	er Md.		3.0.3.4
	WILLIAM E. SUTTON	L	ALICE J		
1000	the state of the s		17. INFORMANT	0 (114 2014	ADDRESS
(Yes, no	Decessed Ever in U. S. Armed Forces? or unknown) life yes, give war or dates at servi			(2 ) 1 00	7 V
118.	2/12/1	220-36-1527 CAUSE OF DEATH	Charles Suttor	(brother) 121	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			in Salace	BETWEEN ONSET AND DEATH
175	LEADING TO DEATH is does not mean the mode of dying,	(A) IMMEDIATE CAU		NIC SHOCK	
he	art failure, asihenia, etc. It means the dise vry or complication which caused death.)	use,	A CONSEQUENCE OF:		
l luit	ANTECEDENT CAUSES	CEDL	bro uascular	ACTIONANT	4
DE	SEASES OR CONDITIONS, If any, gi	ving (8) DUE TO, OR AS	A CONSEQUENCE OF:	N CCHOICACT	
ก่รเ	to the above cause (A) staling IDERLYING CONDITION last.		6 Enimac AN	EURYSTI.	
-	II .				
P 10	HER SIGNIFICANT CONDITIONS CONTRIBUTE THE DEATH BUT NOT RELATED TO THE TERMIN			*******************************	
S 19A	EASE OR CONDITION GIVEN IN PART 1 (A).  DATE OF OPERATION 198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSTE (Yes or No.	208 IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED
CERTIFICATION V61 S10 V61 S10 V61 S10 V61 V61 V61 V61 V61 V61 V61 V61 V61 V61	WAS PERFORMED		yes	ves	
N DE	A ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, farm, factory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Boltimore City, g	ive exact location)
D 210	NIME (Month! (Doy! (Yeat) (Hous)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2 (AI	PROXI	While At At Work	° 🗆		
22.	I certify that (I) (this hospital) attend		9-12-71 (3pm)1	9-71 to 9-12-7	8,0(pr 19 71
the	at (i) (we) last saw the deceased alive	on $9 - (2 - 7)$	19 and the	ot in(my) (aur) apinian de	ath occurred on the date
	d haur and from the causes stated abov	e. (1) (We) (did) (did nat) v	lew the bady after death.		
234	SIGNATURE STEE A-1	DEGREE Phy	nding Med.	Stoff Phys.	9-12-71
230	PHYSICIAN'S NAME (Type)		THE UNION	neownian	JAT 1920+).
24A. 8	URIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY of CR	EMATORY 24D. LO	CATION (City, town,	or county) (State)
	burial 9/16/71	Gardens of Fait	h Cemetery	Balto. Md.	ADDRESS
234.0	ED 15. 1071	ME QE REGISTRAR		uneral Homes, I	
VS 150	-REV. 1/1/68	A STATE OF THE STA			16. Md. 21213



1	1-119			BALTIMO	RE CITY	HEALTH DEPARTMENT	7/4	9055	
	IRTH NO.	71	8655	CERTII	FICA	TE OF DEATH	REG. NO.	9900	
	NAME OF DECEA	ANTHO	VY LI	BERTINE			D HOUR OF DEATH	1020	
3	L PLACE IN BALTIM	ORE MARYLAN	D, WHERE PRO	NOUNCED DEAD		4. USUAL RESIDENCE IWHE	re deceased lived. If insti	itution: residence before admission)	
F	FULL NAME OF			STITUTION, GIVE STRE		MD c. CUTY OR TOWN		203	
	CH			AND HOSP		BALTIMORE		YES 🕅 NO 🗆	
	35	BAC	TIMORE	E MD2123	/	E. STREET AND NUMBER 734 S. BROADWAY			
5.	SEX 6.1	RACE		ED NEVER MARRI		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	of Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
		TION (Give kind o		OF BUSINESS OR IN		11. BIRTHPLACE (State or force	46	12. CITIZEN OF WHAT COUNTRY?	
		ling life, even if reti DWNER				MARYLA		AMERICA.	
13	FATHER'S NAME	,				14. MOTHER'S MAIDEN HA	ME	1	
	JOSEPH		1 1			ROSE C	ZINA (CU	CINA)	
15	Was Deceased Eve es, no or unknown) (if	yes, give war or	d Forces? dates of service	SECURITY NO		17. INFORMANT Prabir K		Church Home	
	18. 4-10	,71		CAUSE OF	DEAT	1		APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
-	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE								
	injury complication which caused double								
	ANTECEDENT CAUSES  (B)  PULMONARY EDEME								
	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last.								
NOU	OTHER SIGNIFICATION THE DEATH B	LIT NOT PELATED	TO THE TERMIN	G.	I.	BLEEDING.			
Ā	I IDISEASE OR CONI	DITION GIVEN IN	PART (A).	R WHICH OPERATION		20A. AUTOPSY? (Yes or No	208 IE VES WERE EIN	IOINGE CONFIDENCE	
ERTIFIC	6	WAS	PERFORMED			201013111112	208, IF YES, WERE FIN	ES OF DEATH?	
CALC	OR CONTRIBUTIN	WAS UNDERLYING CAUSE OF dical examiner)	(C 🗆	21B. PLACE OF INJUR home, farm, foctory, s etc.)	Y (e.g., in treet, of	or obout 21C. WHERE DID ice bldg. INJURY OCCUR?	(II In Baltimore C	City, give exoct location)	
MEDI	OF INTUIN	onth) (Doy) (Y		TE INJURY OCCUR		21F. HOW DID INJ	URY OCCUR?		
*	(APPROX.)			While At N	ot While I Work				
	22. I certify that (i) (this hospital) attended the deceased from 9.10. 19.7/ to 9.12. 19.7/								
	that (1) (we) las				12	19and the		on death occurred on the date	
	and hour and fre	om the causes	stated abave	(1) (We) (d1d) (etd	not) vi	ew the body after death.			
	0	ir.k	· Bon	MD -DEGE	OL.	ding Med.	Stoff 🔀	9. 12 - 7/	
	23C. PHYSICIAN'S NAME (Type) PRAB	IRK. B	OSE	AA A	2	Church Hom	e and f	stal	
24	A. BURIAL CREMAT	ION. 248. DATE		NAME OF CEMETERY	or CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)	
	BURIAL	9-16	,-71 H	IN TRIVITY K	บรรเ	NN ORTH. (EM.)	BALTO. , N	1D.	
25	SEP 15	137 726	TE A	Carried VIII	0	256. FUNERAL DIRECTOR	lle - 2334	Jenterson Des	
VS	150-REV. 1/1/68					7 1			

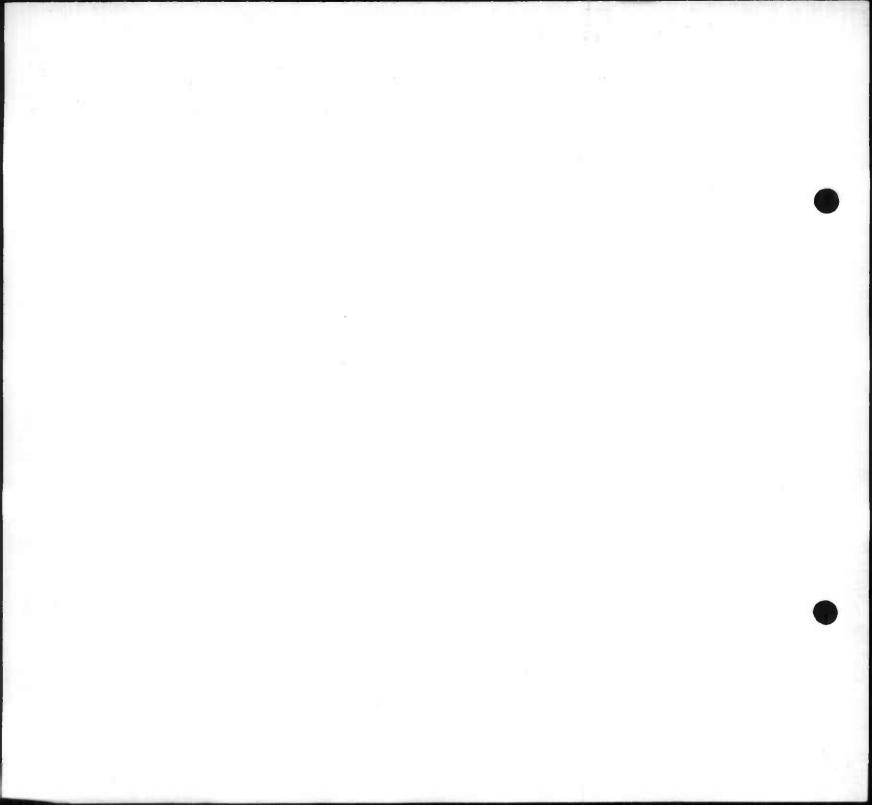


## IMPORTANT FUNERAL DIRECTOR:

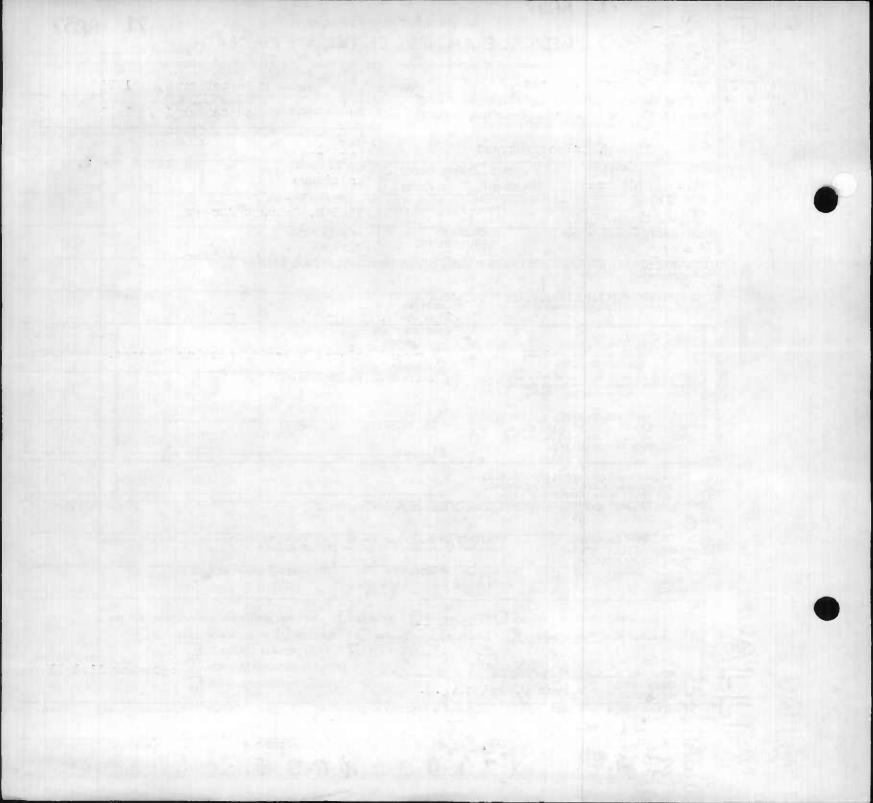
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. pital and of death CERTIFICATE OF DEATH etermined cause; (5) Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital 17 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution residence before admission STATE

B. COUNTY attendance cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN 0 D. INSIDE CITY LIMITS? YES NO Y prior contributing E. STREET AND NUMBER 509 LaClaire Avenue 21090 regular mad 5. SEX 6. RACE 8. DATE OF BIRTH NEVER MARRIED 9. AGE (In years il Under 1 Yr. Months! Doys Il Under 24 Hrs. deceased WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or larging country) 12. CITIZEN OF WHAT COUNTRY? isposition = done during most of working life, even if retired) or (4) Und Counter Sanitary Plumbing 218 MOS 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct emis diase mande nicholson death no 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORM AN ADDRESS final SECURITY NO. attendance 215-12-8227 Mrs. Bernard Lease 509 LaClaire Ave. 21090 any 10 CAUSE OF DEATH pronounced APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. it means the disease, regular injury ar camplication which coused death.) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) physician UNDERLYING CONDITION lost remains Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the any nature; (2) Body the 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 WAS PERFORMED before Musey 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where in Baltimore City, give exoct location) to the hospital ŝ MEDICAL DEATH (notify medical examined obtained 21D. TIME OF INJURY (Month) (Doy) (Year) (Hous 21 E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? roved (except Not While While At 1 (APPROX.) and Work At Work 22. I certify that (i) (this hospital) attended the deceased from 9-14 that (1) (we) last saw the deceased alive on. and that in (my) (aur) apinion death occurred an the date An accident of hospital death) the body was released shows: (1) An accident and haur and from the causes stated above. (i) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending | 0 Med. Staff Director L approval 9 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS to men D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) deceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION lown, or county) Burial New Cathedral Baltimore, Maryland SDA 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Witzke 1630 Edmondson Avenue VS 150-REV. 1/1/68

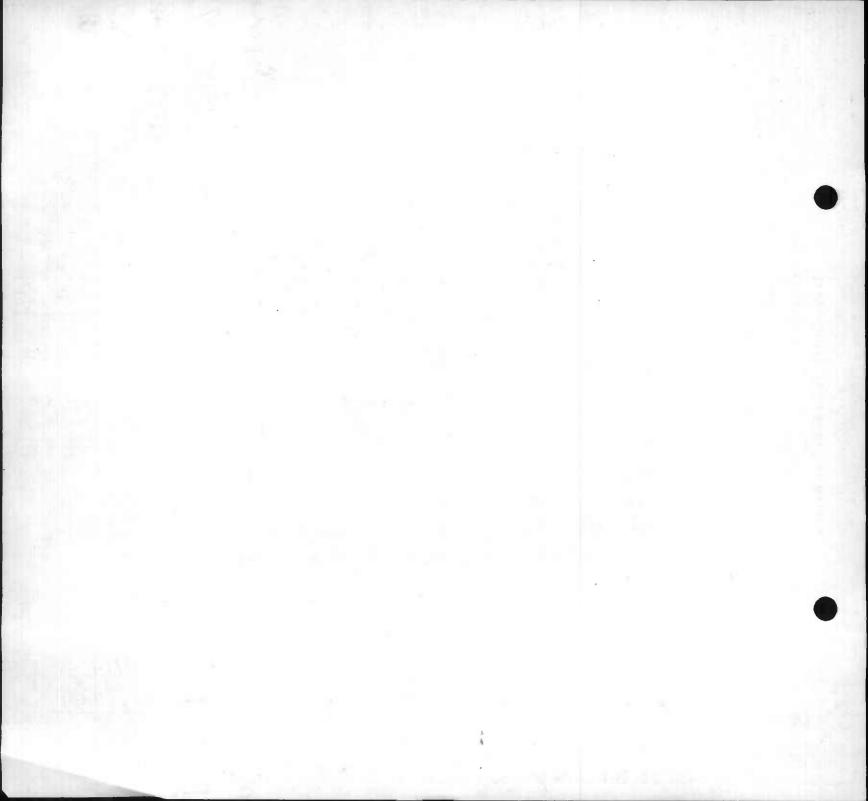
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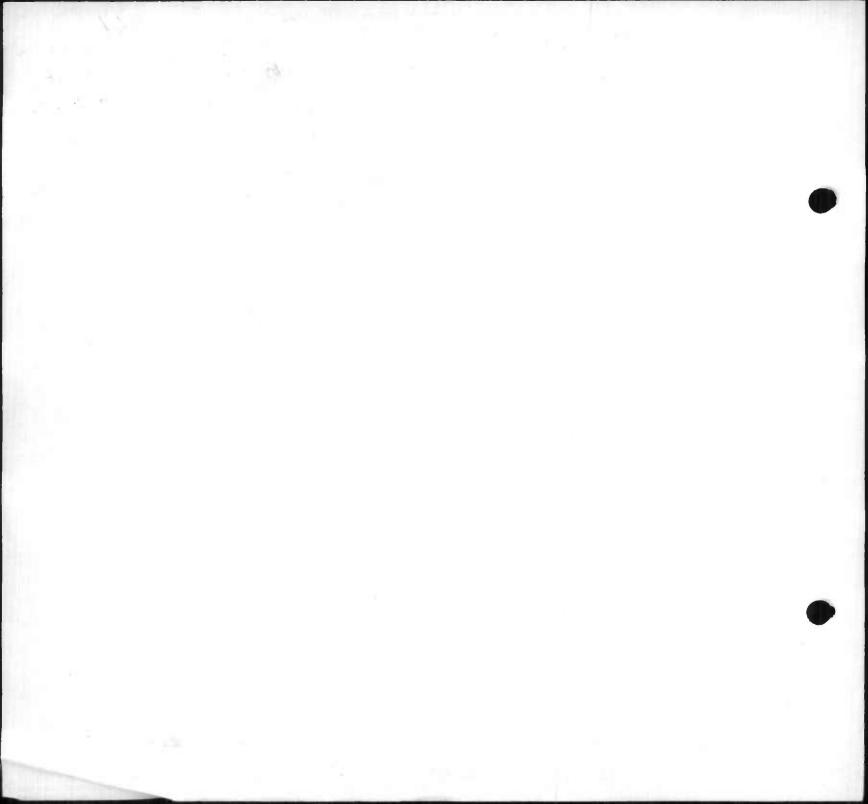
SIGNATURE EXAMINER'S NAME (Type)		J. Spitz, M.	M.D.	NT MEDICAL EXAMINER [	September 11,	, 1971
4A. BURIAL CREMATION, EMOVAL (Specify)	24B. DATE	II NIT 1	FCEMETERY OF CREMATORY FUBURIY	BALTO	(City, town, or county)	(State)
SEP 15	H DE PT. R. S. 3	O 7	25C. FUN	PRAL DIRECTOR	ADDRESS Way 3106 Wal	brook live
S 151-REV. 1/1/68						V



(1-20x) 71 s	0050	Y HEALTH DEPARTMENT	EG. NO. 71 8658
BIRTH NO.	CERTIFICA	ATE OF DEATH	OF DEATH
(Type or Print) EMMA	COOK	9-10	
INSTITUTION	WHERE PRONOUNCED DEAD  PITAL OR INSTITUTION, GIVE STREET CATION)  FMORIAL HOSP	A. USUAL RESIDENCE (Where decess A. STATE B. COUNTY  A. STATE B. COUNTY  C. CITY OR TOWN  BACTIMORE  E. STREET AND NUMBER  13 N. DURHAM	D. INSIDE CITY LIMITS?  YES NO NO
S. SEX 6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED OF BUSINESS OR INDUSTR	B. DATE OF BIRTH  8-5-1902  11. BIRTHPLACE (Stote or foreign country)	n yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOHN VICTO		GRACE (	
S. Was Deceased Ever in U. S. Armed (If yes, give wor or d	otes of service) 16. SOCIAL SECURITY NO.	LEROY EVANS	S II N. DURHAM ST
LEADING TO DEAT  (This does not mean the mode heart failure, asthenia, etc. It meo injury or complication which cous  ANTECEDENT CAUS  DISEASES OR CONDITIONS, it is not the obove cause (Junderlying Condition lost.	of dying, e.g., DUE TO, OR A: ns the disease, ed death.)  ES  (B) Plus TO, OR A: DUE TO, OR A: DUE TO, OR A: DUE TO, OR A:	A CONSEQUENCE OF:	iknown 8 months hial effusio- 1 month
WAS FOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Yeven Contribution of the contribution	DATE TERMINAL ART 1 (A).  DNDITION FOR WHICH OPERATION ERFORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bfdg., INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED RIFTING CAUSES OF DEATH?  (If in Boltimore City, give exact location)
OF INJURY (APPROX.)  22. 1 certify that (1) (this haspi	While A1 Not Who At Work At Work	· L.	10 9/4 1971
that (1) (we) last saw the deced and haur and from the causes s 23A. SIGNATURE	tated obove. (1) (We) (did) (did no)	view the bady ofter death.	y) (our) apinian death accurred an the date
23C. PHYSICIAN'S NAME (Type)	OEGREE P	Box 83 Take	s Hopkins Hosp.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  25A. DATE REC'D BY HEALTH DEPT.	24C, NAME of CEMETERY OF C		
SEP 15 27 068e	8 E. Jalley M.D.	xurey Wilson	1000 ( Mantly 11



DISTINUTE CITY HEALTH DEPARTMENT	11							
BIRTH NO. CERTIFICATE OF DEATH REG. NO.	0050							
1. NAME OF DECEASED    2. DATE AND HOUR OF DEATH	8609							
PAY N 4 ha to boy to 9/10/5 30 nm	М.							
A. STATE B. COUNTY	residence before edmission)							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITYOR TOWN M. D. INSIDE CITY I	1313 Light of							
90 / 1513 Falfor NIX9, NIA MEST	No							
darbarr / 1000 700-	77.7							
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 12 AGE (in years if Und	er 1 Yr., If Under 24 Hrs. Doys Haurs Min.							
WIDOWED DIVORCED 15/33/93	Doys Hours Min.							
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country)  12. CIT	IZEN OF WHAT COUNTRY							
13. FATHER'S NAME								
14. MOTHER'S MAIDEN NAME								
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS							
(Tes, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.	4							
18. CAUSE OF DEATH	APPROXIMATE INTERVAL							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND GEATH							
(This does not meon the mode of dying, e.g.,	6 Nes.							
hearl lailure, asthenia, etc. It means the disease, injury or complication which caused death.)								
ANTECEDENT CAUSES (B) Metartan								
DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stating the	>							
UNDERLYING CONDITION last (C) 4.0. (C)								
Z OTHER CICALIFICANT CONDITIONS CONTRIBUTIONS								
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 [A],	**************************************							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  10C	CONSIDERED							
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (if in Baltimare City, give								
OR CONTRIBUTING CAUSE OF Comm. foctory, street office bldg., INJURY OCCUR?								
21D. TIME (Month) (Doy) (Year) (Hour 21E INTURY OCCURRED 21E HOW DID INTURY OCCUR								
While At   Not While   At Work								
	0 107/							
22. I certify that (I) (this haspital) attended the deceased from 7/19/10 19/10 19/10 that (I) (we) lost sow the deceased alive on 9/6 19/10 and that in (my) (our) opinion death occurred on the date								
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.								
23A. SIGNATURE  23B. DATE SIGNED  Attending   Med. D. Shoff   23B. DATE SIGNED								
Mesty " Then Phys. Director Phys. 7	100/71							
23C. PHYSICIANS NAME (Type) SOSEP & S. BLUM M) 115 h Colvert S.								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or REMOVAL (Specify)	or county) (State)							
BURIAL 9-13-71 MT CALVARY ARUNDEL CO	· Ma,							
SEP 15 1971 Jahre R. S. D. S. S. Name of Registrar	ADDRESS							
VS 150-REV. 1/1/68	<u> </u>							



25C FUNERAL DIRECTOR

ADDRESS

VS 151-REV. 1/1/68

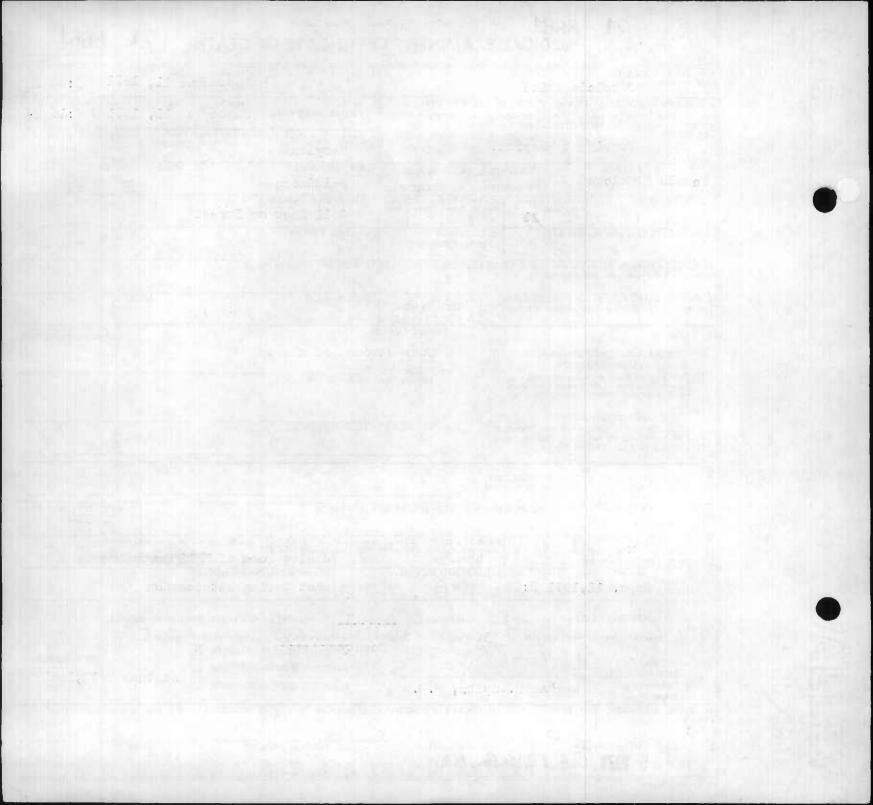
25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

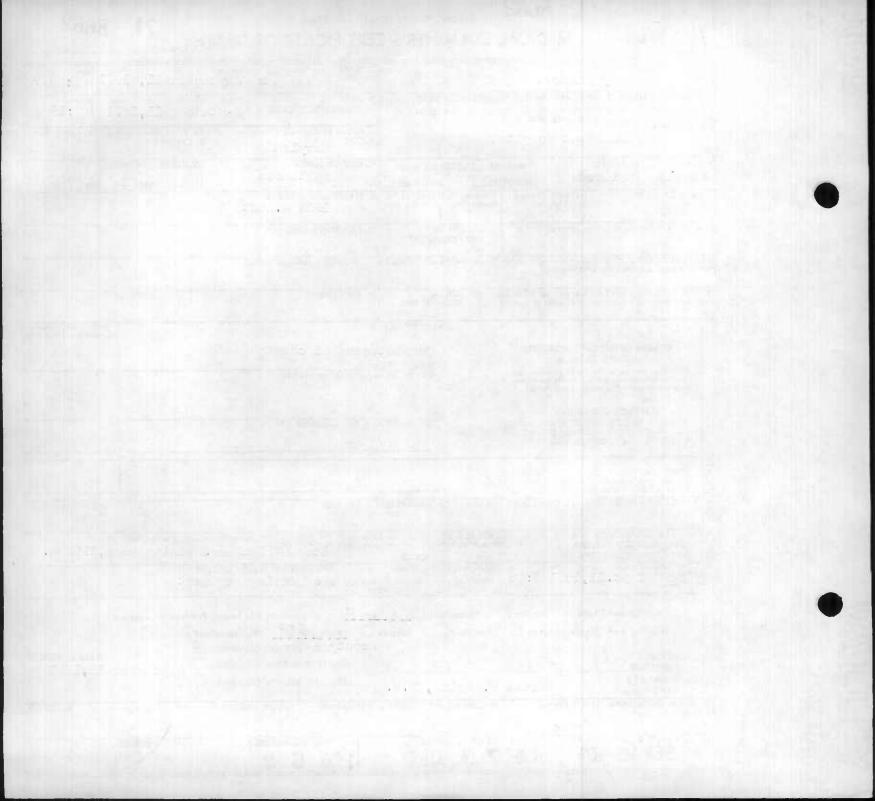
Rabbell & Jakes ME

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1	U-30	371 866 MED	1 BALTIMORE CITY HE	ALTH DEPARTMENT	DEATH '7	1 8661			
1. N	IAME OF DEC			2. DATE Known COF DEATH Estimated		1971 5:00 PM			
FULI	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			3. DATE PRONOUNCED DEAD	September 11,	1971 6:15 PM			
	NSTITUTION	Provident Ho	spital	5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) A. STATE Maryland B. COUNTY					
L	emale	Colored	B. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	D. INSIDE CIT	Y LIMITS?			
2	LL 28	-1952 last birthda	Months Doys Hours Min.	2511 Emerson	n Street				
	Batte	itate or loreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	montor	7			
done	during most of w	rorking life, even ifretired)	148. KIND OF BUSINESS OR INDUSTR	mary E	go theor				
(Yes	no or unknown	ED EVER IN U.S. ARMED	of service) 2/2-58-737	18. INFORMANT	montorel	DRESS			
	(This does n	t E OR CONDITION DIRE LEADING TO DEATH of meons the mode of dy , osthenia, etc. It meons the	Ing. e.g., DUE TO, OR	twound of chest	/	APPONIMATE INTERVAL BETWEEN ONSET AND DEATH			
ERTIFICATION	DISEASES ( RISE TO THI UNDERLYIN  OTHER SIGN TO THE DEA	NTECEDENT CAUSES DR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA NG CONDITION LAST.  II IIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS OF THE PROPERTY	(c)ONTRIBUTING THE TERMINAL	AS A CONSEQUENCE OF:					
CERTI			NOTION FOR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No) yes			
22A. EXTERNAL CAUSE WAS   22B.PLACE OF INJURY (e.g., in or obout INJURY OCCUR?   100   1									
	ACTUAL SIGNAT EXAMIN NAME (1	ute Werne (ype)	er U. Spite, M.D.	de Homicide Deputy CHIEF MEDICAL  ASSISTANT MEDICAL  ASSOCIATE MEDICAL	EXAMINER Septe	DATE SIGNED ember 12,1971			
25 A	BURIAL CREINGVAL (Special Control Cont	BY HEALTH DEPT.  1971 Robers	24G NAME OF CEMETERY  25B. NAME OF REGISTRAR  2. Jaken, M.D.	25C. EUNERAL DIRECT	10	ides or country) (Stote) (Stot			



BI	M-5/4		DICAL I	BALTIMORE CITY HE			DEAT	H <sub>REG. NO.</sub>	1. 8	662	
	1. NAME OF DECEASED (Type or Print) Mary Munford				2. DATE OF DEATH	Known   Estimoted	Month Septe	mber 11	, 1971	Hour 5:00	
FU	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			3. DATE	NCED DEAD	Month Septe	ember 11	,1971	Haur 6:15	PM	
OR					5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)  A. STATE  Maryland  B. COUNTY						
F	emale	Colored	WIDOWED	NEVER MARRIED DIVORCED	C. CITY OR B	own altimore		D. INSIDE CIT	X	№ □	
	DATE OF BIRT	losi birilde 52	in years If Mo	Under 1 Yr. II Under 24 Hrs. Initias Days Hours Min.		ND NUMBER 328 W. Nor	th Ave				
		State ar foreign country)		CITIZEN OF WHAT COUNTRY?	13. FATHER'S						
don	USUAL OCCU during mast of v	PATION (Give kind at work warking life, even if rettred)	14B. KIND O	F BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NAM	AE .				
16.	WAS DECEAS , no or unknown	ED EVER IN U.S. ARMEI (If yes, give war or dates	of service)	17. SOCIAL SECURITY NO.	18. INFORM	ANT		AD	DRESS		
CERTIFICATION	(This does in heart tailure injury or core injury o	E OR CONDITION DIRE LEADING TO DEATH  and mean the mode of dy to, estherial, etc. It means the highest of the course of the course of the highest o	ving, e.g., e disease, ooh.)  Y, GIVING THE  ONTRIBUTING THE	(A) IMMEDIATE CONTROL OF A DUE TO, OR A DUE TO, OR A CONTROL OF A DUE TO, OR A DUE	AS A CONSEQUAL AS A C	ENCE OF:					
CERTIF		FOPERATION 208. COI		R WHICH OPERATION WA	AS PERFORMED 21.					AUTOPSY? (Yes or Na) yes	
24/	UNDERLYING UTING CA 22D. TIME 22D. TIME OF INJURY (APPROX.)  23.  1 cert result SIGNATI EXAMINI NAME (T BURIAL CREMOVAL (Special	URE Natural cau URE VIEW NATURAL CAU WATION, 248. DATE IV) BY HEALTH DEPT.	Hour) 5:00 PM m.  nquiry ses	InspectionAutorities	WHILE Shork Assist	and that on the state MEDICAL EXAMPLE MEDICAL	ury occurs arguments basis, of the second occurs of the second occurs oc	death in my of the death in my o	plnion	,1328 W	ED L
	SEP	15 1971 Par	x 200 E	aber Ad. 1	16	out of	n				

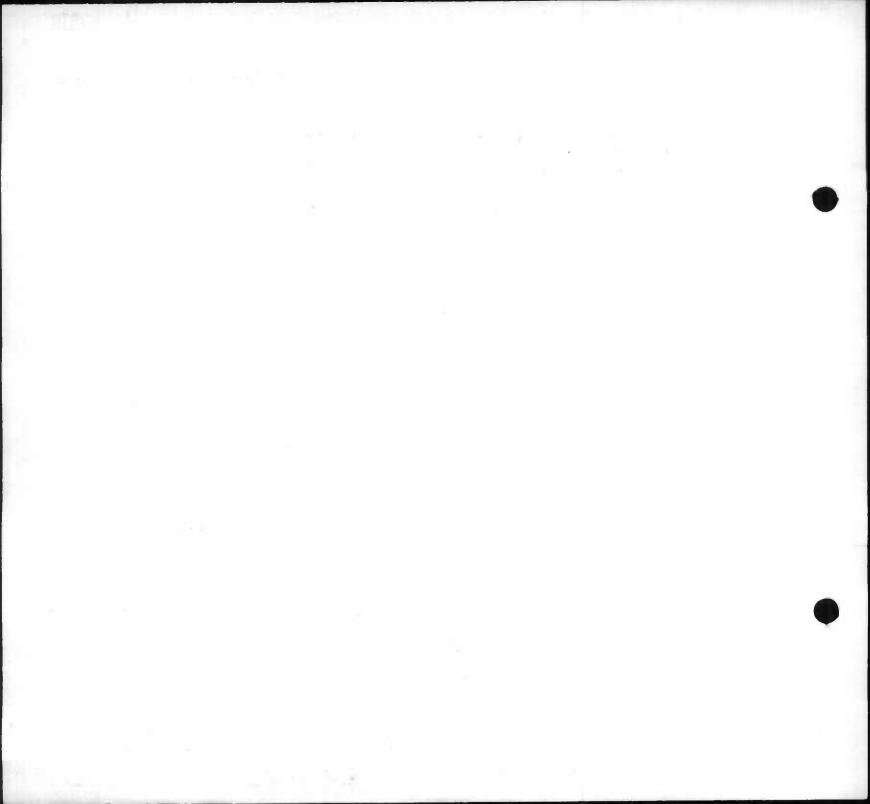


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

111)-	2/ 4014	BALTIMORE CIT	Y HEALTH DEPARTMENT		71 0003
BIRTH NO.	36211. 866	CERTIFICA	TE OF DEATH	REG. NO	0000
1. NAME C	F DECEASED  Ohriet	ine WATERS		ID HOUR OF DEATH	
3. PLACE	N BALTIMORE MARYLAND, Y		Sept	tember 8,197	1:15 A M
FULL NAA			A. STATE B. COUN	TY	filution; residence before odmission!
HOSPITAL INSTITUTIO	OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
0.	Midtown H 808 St. P	ome, inc. Paul Street	Baltimore E. STREET AND NUMBER		YES 🔀 NO 🗌
_ 74		, Maryland	2007 Sinclair	Lane	
5. SEX	6. RACE	7- MARRIED NEVER MARRIED	1	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months; Doys Hours Min.
-	B OCCUPATION (Give kind of wor	WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	1 11/11/90	75	
done during	nost of working life, even if retired)	THE RING OF BOSINESS OF INDUSTRI	II. BIRIMPLACE (State or lorei	gn country!	12. CITIZEN OF WHAT COUNTRY
13. FATHER	S NAME		14. MOTHER'S MAIDEN NAM	A E	
15. Was Do	eosed Ever in U.S. Armed For knawn! (If yes, givo war or dote	es of servicel SECURITY NO.	17. INFORMANT		ADDRESS
	1911	160-26-0647			
18. 4	SEASE OR CONDITION DI	CAUSE OF DEAT	Н	\ \	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	ack	so Resquest.	2 Jacan	9
hearl k	oes naf mean the mode of illure, asthenia, etc. It means ir camplication which caused	the disease	A CONSEQUENCE OF:	1	
Impory	ANTECEDENT CAUSES		es ove Hea	it Tailer	A
DISEAS	ES OR CONDITIONS, IF	any, giving DUE TO, OR AS	A CONSEQUENCE OF:	CCUIA	1
UNDER	the above cause (A) LYING CONDITION last.	stating the (c) Gen	- Corp Brak	Petone	ned a
z	11				
O OTHERS	IGNIFICANT CONDITIONS CO DEATH BUT NOT RELATED TO TI OR CONDITION GIVEN IN PAR	HE TEDLATMAT			
OTHER S TO THE DISEASE 19A. DA	TE OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSIDERED
U 21A. AC			1216 1417		
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in hame, farm, factory, street, af etc.)	fice bidg., INJURY OCCUR?	(If In Baltimare	City, give exact location)
Q 21D. TIM	E (Month) (Doyl (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
< (APPROX		White At Nat White At Wark			
22. 1 ce	rtify that (I) (this hospital	) attended the deceased from Ma	y 6, 1969 19	to_Sep	tember 8 19 71
that (1) (we) last saw the deceased alive an Sept 8 19 71 and that In (my) (out) apinion death accurred an the date					
and haur and from the causes stated above. (I) (Westate) (did not) view the body after death.  23A. SIGNATURE					
lu	elanda,	Lienter hares Phys	Med. S	toff	38, DATE SIGNED
23C. PHY	SICIAN'S AE (Typel	- Contr	3D. ADDRESS	nys. L	
24A. BURIAL	silland By	PPLEFELD DEGREE	6615 Mers	ters Hour	- all
REMOV	CREMATION, 248. DATE At. (Specify)  AL. (1)	71 MT CALYA	MATORY 24D. LO	RUNDEL	tawn, or countyl (Stotel
	EC'D BY HEALTH DEPT.	25B. NAMES OF REGISTRAT	25C FUNERAL DIRECTOR	CONCEL	ADDRESS A
SEP	15 1971 Valence	E ASTRA LE	1 1 (D) QUIL	sou) 1000	RRANTHA A

E.O WILSON

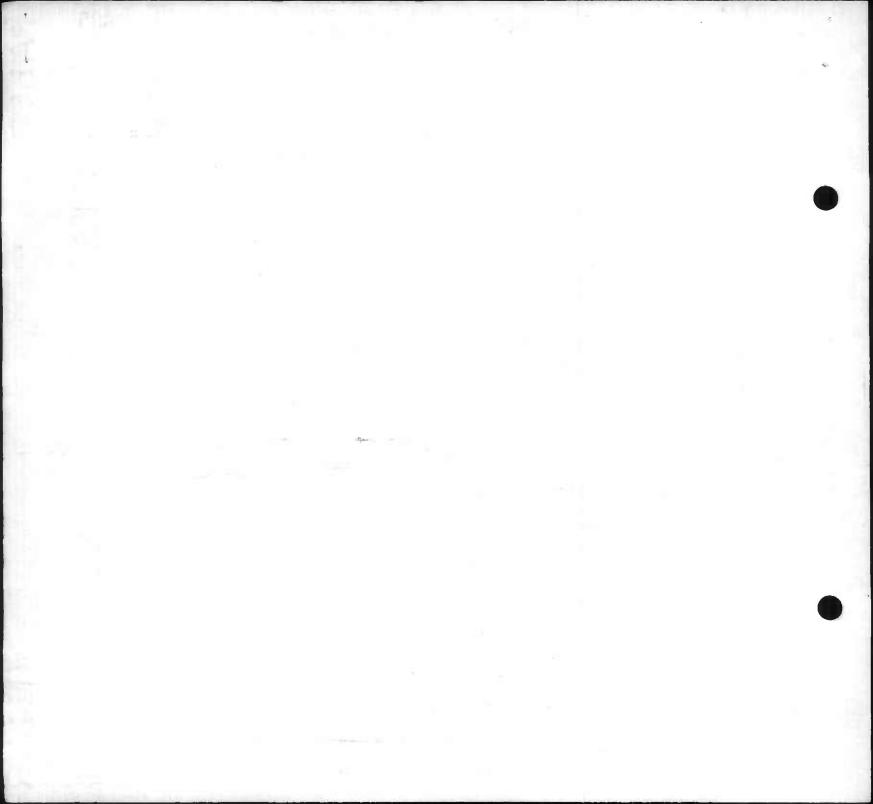
USU BRANTER



W-300 1 8664 BALTIMORE CITY HEADICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 71 8664
BIRTH NO.  1. NAME OF DECEASED (Type or Print) Julia White	2. DATE Known Month Day Year Hour OF DEATH Estimoted & September 12, 1971 12:20 A
AULTENIEF HONOTENINGSPALOR ATIVACE IN THE PROPERTY OF THE PROP	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD September 12, 1971 12:40 AM
3314 Holmes Avenue	5. USUAL RESIDENCE (Where deceosed lived. # Institution: residence before odmission)  A. STATE Maryland B. COUNTY
Female Colored 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES  NO
9. OATE OF BIRTH 10. AGE (In years   10 Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER 3514 Holmes Avenue
12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
d. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give yer or dotes of service)  17. SOCIAL SECURITY NO.	18 INFORMANT ADDRESS ALLAGOR LIBRER SELECT
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED    21. AUTOPSY? (Yes or No)   yes
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?
Certify that I held an Inquiry   Inspection   Autrestical Autrestate   Accident   Suicide	Deputshief Medical examiner Assistant Medical examiner September 12,1971
S 151-REV. 1/1/68	the state of the s

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	0 F2/ 174 BALTIMORE CIT	Y HEALTH DEPARTMENT 71 9005
RIS	71 8665 CERTIFICA	ATE OF DEATH REG. NO. 22 ODO
1.8	AME OF DECEASED	2. DATE AND HOUR OF DEATH
Liy	charles Anderson	9/13/71 1 12:15 pm
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission). A. STATE B. COUNTY
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD 2173/38
	John: (doplans bosp	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	Jenni (dobiems loost	E. STREET AND NUMBER
		208 HERRING CV
5. :	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 His., Manths! Days Haurs: Min.
	MIDOWED DIVORCED	112-25-04 (26
don	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Meterica	Mucinia W.A.A.
13.	FATHER'S NAME	14. MOTHERS MAIDEN NAME
	CHARLES ANDERSON	KATIE Mirane
15. (Ye:	Was Deceased Ever in U. S. Armed Forces?  I 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	213 09 07	197 Parel Andrews 212 Super le
	18. 4-10 11 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH  1This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CA	
	heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	Myocardial Infarction 8 hrs
	(8)	S A CONSEQUENCE OF:
H	rise to the above cause (A) stating the	S A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C).	***************************************
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
100	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
5	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY! (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED
CERTIFICATION		Yes IN CERTIFYING CAUSES OF DEATH?
O	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, factory, street, c	in or obout 21C. WHERE DID (If In Boltimore City, give exact location) office bldg, INJURY OCCUR?
CA	DEATH (notify medical examined) etc.)	
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not Whi	
	22. I certify that (I) (shis heapties) attended the deceased fram	71 (3 197) 10 91 13 1971
	that (1) (we) last saw the deceased alive on	13 19 71 and that In(my) (ook) apinion death accurred an the date
	and hour and from the causes stated above. (1) (Mc) (did) (dident)	•
	23A. SIGNATURE	23B. DATE SIGNED
	Keith J. Flein M.D. OFGREE Phy	ending Med. Shoff Director Phys. D
		23D. ADDRESS
	Keith L. Klein, M.D.	Johns HOPKINS HOSP BALT, MD
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (State)
1	June 9-18-11 VIII Caray	Und allater shell
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	255 FINERAL DIRECTOR ADDRESS
2	P15 1971 Value E. Kalling Ash	+ cercon on manter he
VS	50-REV. 1/1/68	



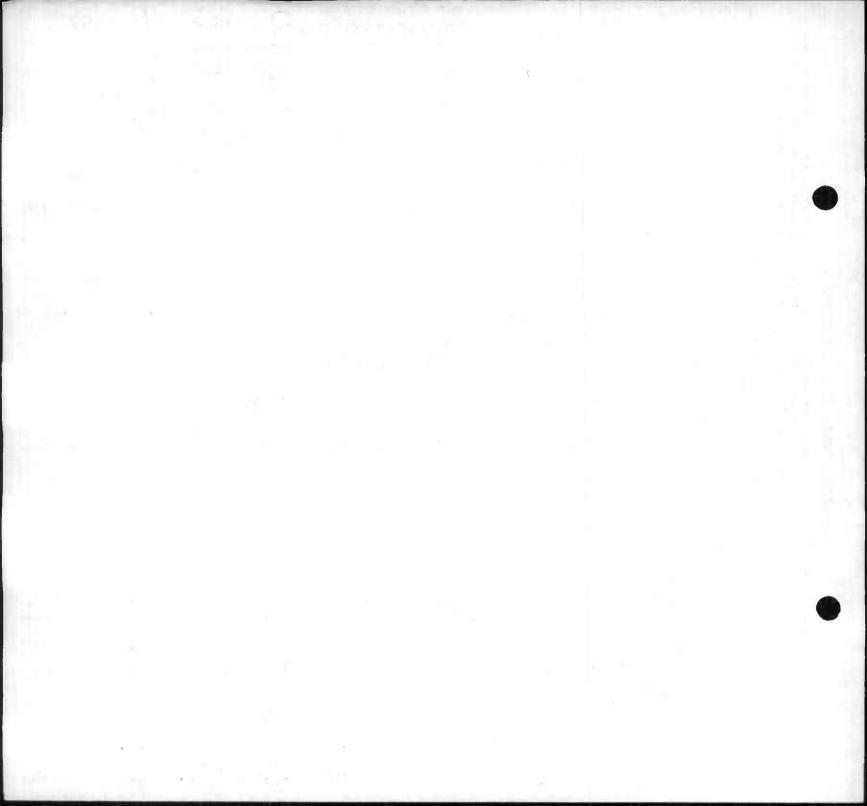
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0	1 , 2 )		BALTIMORE CITY	HEALTH DEPARTMENT	The same of the sa	71	8666
1	-63071	8666	CERTIFICA	TE OF DEATH	REG. NO		
1. N	AME OF DECEASED	0000			ND HOUR OF DEATH		
	e or Printl Mary	Ford		9-1	0-71	1	11:25 A.M.
3.	PLACE IN BALTIMORE, MARYLA	ND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: resi	dence before odmission)
FU	LL NAME OF (IF NOT IN I	HOSPITAL OR INSTITUT	ION, GIVE STREET	Maryland		/	501
IN		ospital, Inc		C. CITY OR TOWN	D. INSI	DE CITY LIM	πs?
		y Heights Av		Baltimor	e	YES X	NO L
	Baltimore,	•	21215		nsylvania Av	ranua	
5. 5			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	1 47 11 1 1	Yr. If Under 24 Hrs.
			DIVORCED		lost birthdoyl	Months D	Poys Hours Min.
IOA	Female Negro			5-22-98 11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZE	N OF WHAT COUNTRY?
и	during most of working life, even if t	retired)		772 4 4		11	C A
	Unemployed			Virginia 14. MOTHER'S MAIDEN NA			S. A.
1				The state of the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ roc. B	74
15.	Was Deceased Ever in U. S. Am	ned Forces?	6. SOCIAL	17. INFORMANT			ADDRESS
(Ye	no or unknown) (If yes, give wor	or dotes of service)	SECURITY NO.	Mrs. Oneida	Pinkney 2	500 T	erra Firma
-	nb		214-14-3669 CAUSE OF DEATH	Mr. Joseph Fo	rd (Hušbar		Same
	18. 740 11		AD OD I O	T 1000	001-01111-11		APPROXIMATE INTERVAL
	DISEASE OR CONDITION LEADING TO D		TRUBABL	+ ASPICATION	TIVEUMON	A	2 kays
	(This does not mean the mo	ode of dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:			
	heort faiture, asthenia, etc. It injury ar camplication which o	means the disease, caused death.)		n, A A.I.	111	A.	D (
	ANTECEDENT C	AUSES	Severe	Walnulutin	a deligora	lun	unkinn
	DISEASES OR CONDITIONS		DUE TO, OR AS	A CONSEQUENCE OF:	- 11		A
	rise to the above cause UNDERLYING CONDITION to		(c) Sever	alized Oule	mesclios	6	unkun
	11	<u>-</u>				-	
ON O	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE						
CAI	DISEASE OR CONDITION GIVEN	IN PART I (A).	UCH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE I	EINDINGS C	ONSIDERED
ERTIFICATIO	o nne w	AS PERFORMED	TON OFERATION	NO	IN CERTIFYING CA	JSES OF DE	ATH?
G	21A. ACCIDENT WAS UNDERLY	YING 218. P	LACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltimor	e City, give	exoct locotion)
CAL	OR CONTRIBUTING CAUSE C DEATH (notify medical examined)		torm, lociory, sireet, or	fice bldg., INJURY OCCUR?			
EDIC	21D. TIME (Month) (Doyl	(Yeor) (Hour) 21E I	NJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?		
2	OF INJURY (APPROX)	While	At Work	·n			
	22. I certify that (I) (this ha			<del>T-3</del>	19 7/to	7-1	0 197/
	that (I) (we) last saw the de		4-10	19 7 ( and th		nian death	occurred an the date
	and have and from the cause		(We) (did) (2014-101) v	4 1			
	23A. SIGNATURE	0 /				23B. DATE	SIGNED
	HUMANA	( - 1 an	Phys	nding Med.	Stoff Phys.	9-	10-71
	23 C. PHYSICIAN'S NAME (Type)		DEGREE	23D. ADDRESS	1/	1	1
	LAURORA (	J. TAN.	M-D.	PROVIDENT	HOSPITAL.	BAL	TIMORF IND
24/	BURIAL CREMATION, 24B. D.	ATE 24C.NAA	AE of CEMETERY OF CRE	MATORY 24D. L	OCATION (C	ly, town, or	county) (Stote)
	Burial 9-	-13-71 M	. Auburn C	Cemeterv	Boltimono	7/52	
25/	DATE REC'D BY HEALTH DEP	C PENAMERI	REGISTAR	25C. FUNERAL DIRECTO	V.Bailey	, i'll a	ADDRESS
	PEL TO BUT A	Paris C' Auros	2	Kelson F.H		houn	Street
VS	150-REV- 1/1/68						

, , m 

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

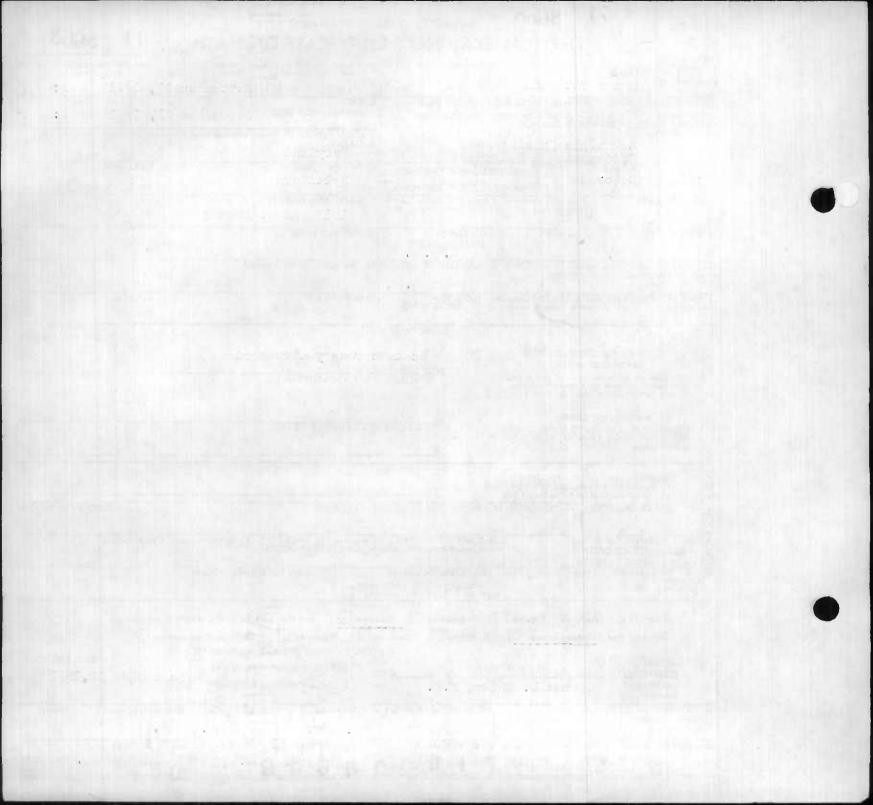
1	0 3//1	BALTIMORE CITY	HEALTH DEPARTMENT	11 10 11 11 11 11 11	MIN TO THE REAL PROPERTY.
BIR	D-34071 8667	CERTIFICA	TE OF DEATH	REG. NO	A 8667
	IAME OF DECEASED		2. DATE	AND HOUR OF DEATH	1.0
	OUT LAW.	AUON.	SEF	TEMBER	13   00: 10 am
	PLACE IN BALTIMORE, MARYLAND, WHERE PR		A. STATE B. COL	nere deceased lived. If in	stitution: residence before admission
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1	la Laf		&ALTIMO E. STREET AND NUMBER	RE	YES 🗹 NO 🗌
_		HOSPITAL		WORTH AU	4
5. 5	MOSIC	RIED NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
	MALE N. WIDON		01/16/1939	32	8
	USUAL OCCUPATION (Give kind of work 10B, KIN)  during most of working life, even if refired)	D OF BUSINESS OR INDUSTRI	I I' BIKIMPLACE (State of to	reign country)	12 CITIZEN OF WHAT COUNTRY?
	NONE		NORTH C	ROLINA	037
13.	FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
	ROV		WILLARD	BRADBE	RRV
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yos, give war or dates of serv	16 SOCIAL	17. INFORMANT	DADIVIDE	ADDRESS
ſΥe	4,no or unknown) of yes, give war or dates of serv	SECURITY NO.			
	no	CAUSE OF DEA	Williard Ph	illips 101	E 20th St.
	18.571.01	CAUSE OF DEA	in .		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERN	AL III OD	V H	
	(This does not mean the mode of dying,	(A) IMMEDIATE CA	USE HEMORRA	70 HE	
	heart failure, asthenia, etc. It means the dist	iose,	A CONSEQUENCE OF		i i
		41.00	PATIL	4	1
	ANTECEDENT CAUSES	(B) COA (	SULO PATH	YE	
	DISEASES OR CONDITIONS, if any, gi	Al-a			
	UNDERLYING CONDITION lost.	COCIRRH	10515 + ALC	ohous Hepp	2117
	m m				
ZO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	ING			
ATI	TO THE DEATH BUT NOT RELATED TO THE TERM!! DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
CERTIFICATION	19A-DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A-AUTOPSYZ (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
-	OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., home, form, factory, street, cited)	in or about 21 C. WHERE DID	(If In Bollimon	e City, give exact location)
ICAL	DEATH (notify medical examined				
LEDIC	OF INJURY (Month) (Doy) (Year) (Houd	21 E INJURY OCCURRED	21F. HOW DID II	MINEA OCCRES	
E	(APPROX.)	White At Not White Work At Work	• 🗆		
	22. I certify that (I) (this hospital) attend	led the deceased from DC	12 12 VO	19 11 to SE	TEMBER 13 1971
	that (i) (we) last sow the deceased alive		2.4		nian death occurred an the date
					man addit become an inc and
	and hour and from the causes stated obay	re. (I) (We) (did) (did not)	view the body after death	10	23B, DATE SIGNED
	23A. SIGNATURE	AH AH	ending Med.	Staff	
	- se w	DEGREE	ys. Director L	Phys.	SEPT 13/1971
	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	0 l = t =	
24	A. BURIAL CREMATION, 24B, DATE 24B, DATE 24B	IC. NAME OF CEMETERY OF C	REMATORY 24D.		ity, town, or county) (State)
	Burial 9-16-71	Hook's Grove		Pikesville	N.C.
25	A. DATE REC'D BY HEALTH DEPT 258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECT	V.Bailey	ADDRESS
Ve	SEP 1.5 197 UGB 4 1-1	Acres Alexander	Kerson P.H	1348 N.	Calhoun Street
4.9					



P-362 71 8668 BALTIMORE CITY HEALTH DEPARTMENT

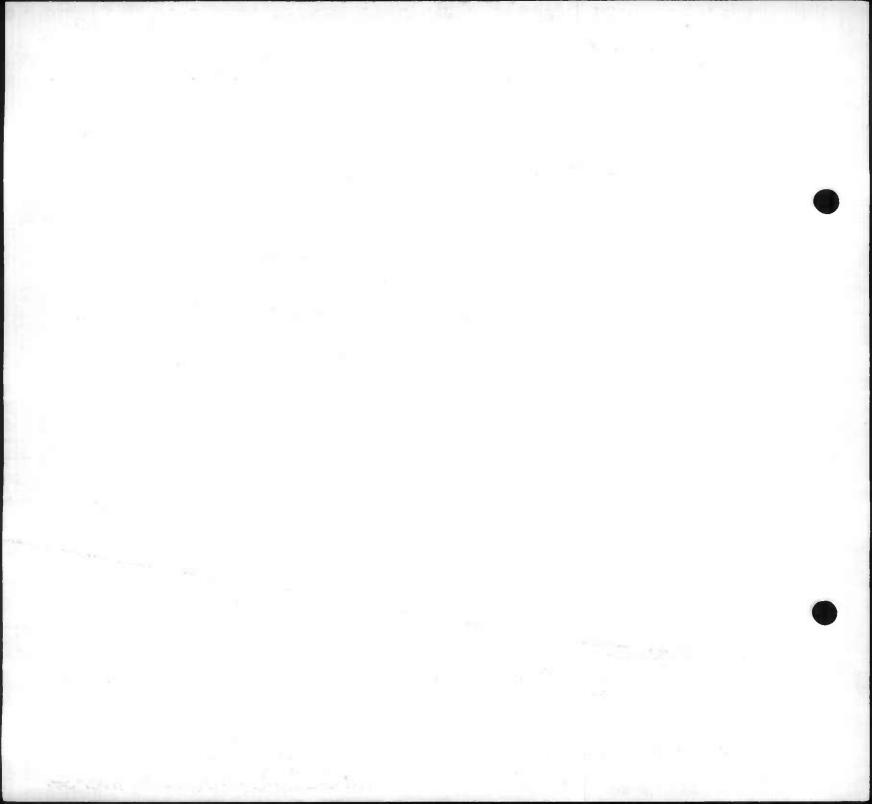
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	
MILDICAL	ENTAIN 1511 O	CERTIFICATE		PLAIII	REG. N

4-362 MEDICAL EX	KAMINER'S C	CERTIFICATE OF DEATH REG. NO. 71 8668					
1. NAME OF DECEASED (Type or Print) Evans Peterkin		2. DATE Known Month Day Year Hnur OF Estimoled September 11, 1971 5:00 PM					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONCE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION HOSPITAL ADDRESS OR LOCATION)		3. DATE Month Doy Yeor Hour 5:00 PM					
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION Levindale Nursing Ho Greenspring & Belveo	ome	S. USUAL RESIDENCE (Where deceosed lived. If Institution; residence before admission) A. STATE Maryland B. COUNTY Maryland D. INSTITUTE CITY MARKED					
	NEVER MARRIED	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES NO					
9. DATE OF BIRTH   I.O. AGE (In years   If Un   Mani   2-12-43   28	nder 1 Yr. II Under 24 Hrs. hs: Doys Hours Min.	E. STREET AND NUMBER 1615 Riggs Avenue					
11. BIRTHPLACE (Stote or foreign country)  S.C.	THE TOP OF	13. FATHER'S NAME Lack Boston					
i4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF the done during most of working life, even if relired)  orderly  Levi	ndale N.H.	Beatrice Peterkin					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor or dotes of service)  ΩΦ	17. SOCIAL SECURITY NO.	Beatrice Peterkin same					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foliure, asthenia, etc. it means the disease, injury or complication which coused death.)  CAUSE OF DEATH  Acute coronary thrombosis  (A)IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:							
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR	(c)	AS A CONSEQUENCE OF:					
	WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No) yes					
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  2 205 TIME (Manth) (Doy) (Year) (Hour) 22 (APPROX.)  m. W	e, form, loctory, street, office	In or obout 22C. WHERE DID (II in Boltimare City, give exact location)  bidg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE ORK					
Certify that I held an Inquiry   Inspection   Autopsy   and that on this basis, death in my opinion							
SEP 15 87 CS VS 151-REV. 3/1/68	A. DATE REC'D BY HEALTH DEPT.  258. NAME OF REGISTRAR  SEP 15 1877						



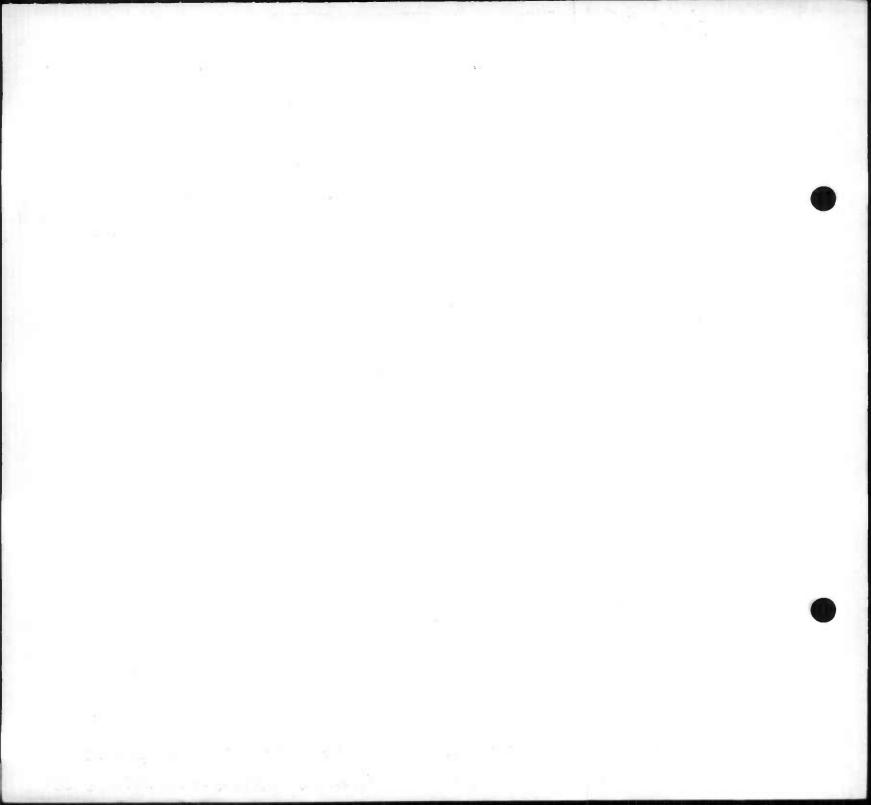
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

1 /25 71 8669	BALTIMORE CITY	HEALTH DEPARTMENT	+	4 0000
BIRTH NO. HILLAN TARDER	CERTIFICA	TE OF DEATH	REG. NO	T 9800
I. NAME OF DECEASED	-		D HOUR OF DEATH	P. pr.
(Type or Print) Lillian Jordi	9.8	9.	-11-71	1 12 55 pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS	CED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. Il ins	itution: residence belorg odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ION, GIVE STREET	MD BAZ	CT. (174	833
NOTITION INSTITUTION		C. CITY OR TOWN	D. INSID	E CITY LIMITS?
00		E. STREET AND NUMBER	, ,	YES NO NO
2631 E. ChASE St		263/ /	Than S	7
	I IAEA COLUMNICED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 108, KIND OF		3/3/81	90	
done during most of working life, even if retired)	OSINESS OK INDUSTRI	11. BIRTHPLA CE (Stoto or forei	gn country!	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		14. MOTHER'S MAIDEN NAM	COUNTY	4.5.
(Alphanso(	Trail	G ///	. / /	
15. Wos Deceased Ever in U. S. Armed Forces?	~ reed	17. INFORMANT	JOHNS	ADDRESS
(Tos, no of unknown) (If yes, give wer of dotes of service)	SECURITY NO.	- Mrs. Helen.	Stewart	ADDRESS
18. / 5 0 × 1	CAUSE OF DEATH	EMMETERARDA	N 263/E	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			-2	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAUS		-Esopha	Mr. Esnos
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:	/	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*******************************	
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(c)			
	( )			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 199- DATE OF OPERATION 179E CONDITION FOR WH WAS PERFORMED 121E-121E-121E-121E-121E-121E-121E-121E	ICH OPERATION	[20A. AUTOPSY? (Yos or No)	208 IF YES WERE FIR	NDINGS CONSIDERED
WAS PERFORMED		NO	208. IF YES, WERE FIR	SES OF DEATH?
OR CONTRIBUTION COLUMN	ACE OF INJURY le.g., in form, foctory, stroot, affi	or obout 21 C. WHERE DID	(II In Bollimore	City, give exact location)
DEATH Inotify medical examined				
S   OF INJURY	At Not While	21F. HOW DID INJU	IRY OCCUR?	
Work	At Work			
22. I certify that (1) (this hospital) attended the that (1) (we) lost saw the deceased alive on	deceased from	lag !	9 // ta Wing	
and hour and from the causes stated above (1)	Wa curking - No		t in (my) (our) opini	on death accurred an the date
23A. SIGNATURE	me) (did) (did not) Vi	ew the bady after death.	12	38, DATE SIGNED
James Milland	En M. D. Atten. Phys.		hvs.	9-11-71
23C. PHYSICIAN'S JAMES F. MARRIAN	DEGREE	BD. ADDRESS JOHNUS	HEPKINS 408	PUTAL
	DEGREE			
24A. BURIAL CREMATION, 24R. DATE 24C. NAN	LE OF CEMETERY OF CREA	MATORY 24D. LO	CATION (City,	town, or countyl (Stotel
REMOVAL 9-15-71 Shil	oh BADTISH	EMETERY DEN	widdie C.	o. Va.
25A. DE E GIORY STATE DEPT. A 25E NAME AS	REGISTRAR	25C FUNERAL DIRECTOR	001.1	ADDRESS
VS 150-ART AVIAGE BY	200	Mandalphy	collick243	IE.OliverSt.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

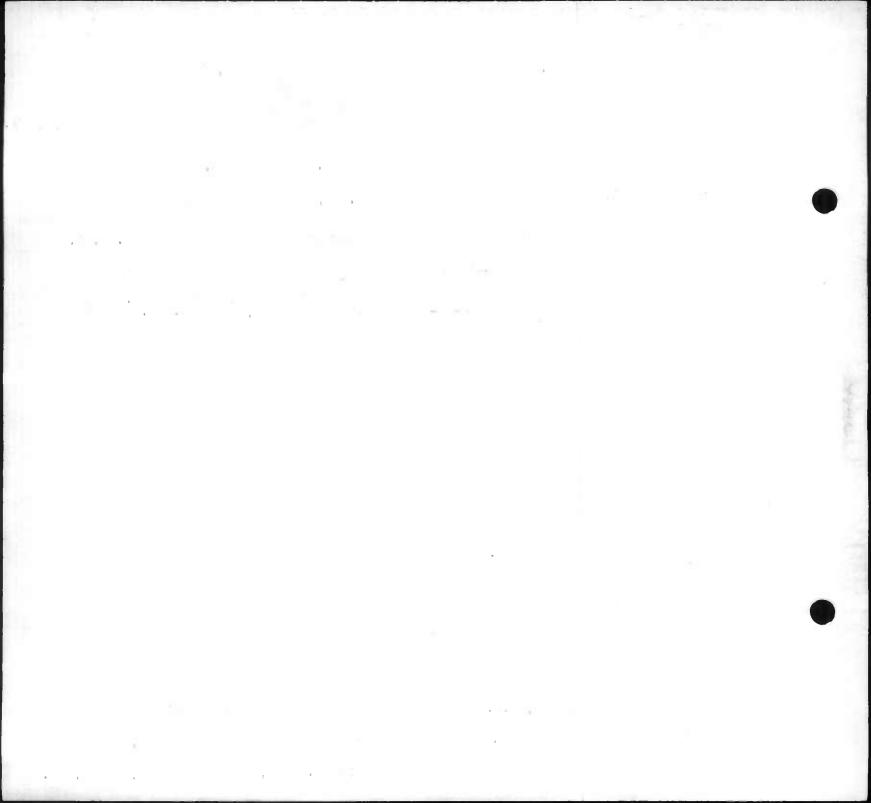
BIRTH NO. CERTIFICA	TY HEALTH DEPARTMENT ATE OF DEATH  REG. NO.	5670
Type or Print Hebron, Mary Helen	2 DASE AND HOUR OF DEATH 71	6:15 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Good Samaritan Hospital	4. USUAL RESIDENCE (Where deceosed lived. If institution: B. COUNTY  Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 1527 N. Milton Ave. 2121	83 <sub>2</sub> µмпs? No□
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  11-20-07  9. AGE (In years   If Und   Months	er 1 Yr. If Under 24 Hrs. Days Hours Min.
IDA. USUAL OCCUPATION (Give kind of work) TOB. KIND OF BUSINESS OR INDUSTRED done during most of working life, even if refired)  Howsewife		TZEN OF WHAT COUNTRY?
William Brown	14. MOTHER'S MAIDEN NAME Fanny Thomas	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  212-28-353	77 INFORMANT 3 Hospital Chart	ADDRESS
18. 53.81 CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heart iailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, giving tise to the above cause (A) stating the	S A CONSEQUENCE OF:	***************************************
OTHER SIGNIFICANT CONDITION (GSE. (C)	120 A 417 0 B 24 (V N - N - 20 B - 15 - 25 C	
OP CONTRIBUTING CALLSE OF	20A. AUTOPSY? (Yes or No.)  NO IN CERTIFYING CAUSES OF In or about 21C. WHERE DID office bidg., INJURY OCCUR?  (II In Boltimore City, gi	
DEATH (notify medical examines)  21D.TIME (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED  OF INJURY (APPROX.)  While At   Not While At   Work   At Work   Not Work	21F. HOW DID INJURY OCCUR?	
22. I certify that $(1)$ (this hospital) attended the deceased from that $(1)$ (we) last saw the deceased alive an $9-12-71$	8-28-71 19 ta 9-12-71	th accurred an the date
23C. PHYSICIAN'S NAME (Type)	ending Med. Staff Staff 23B. DA  Phys. 22D. ADDRESS	TE SIGNED
Michael Colvin M.D.  24A. BURIAL CREMATION, 24B. DATE 24C, NAME OF CEMETERY OF CR  BUY 21  25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	EMATORY 24D. LOCATION (City, tawn,	
SEP 1.5 1971 Rose & E. Jailer K.D. O	PRIAL PARK ARBUTUS, MARY 25C. FUNERAL DIRECTOR ROAD SPORT OF COLLICE 2431E. (	liver St.



Dup.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

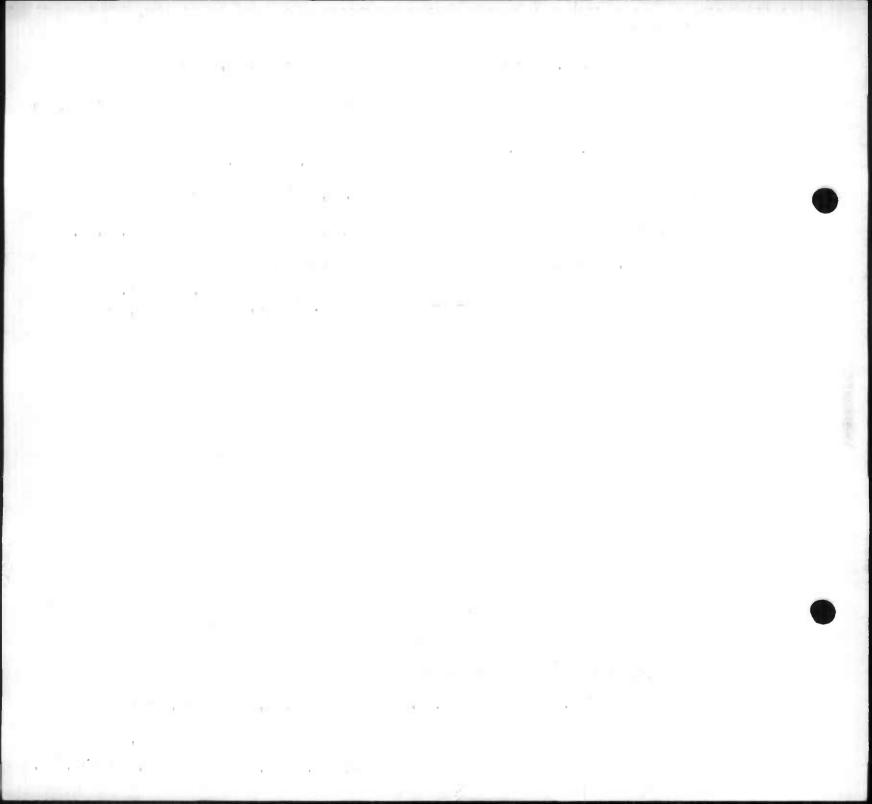
1	3-63	30 71 00	ved!		HEALTH DEPARTMEN		No.71	8671
	RTH NO.	T QE	): ( J.	CERTIFICA	and the second second			
	pe or Print)	Raymond J	. Garrit	v		gust 25. 1		
3.	PLACE IN BAL	TIMORE MARYLAND,		•				M. Ition: residence before odmission)
11					MA SIAIE B. C	OUNTY	ved ii insiiio	more residence delote comission
H	JLL NAME OF OSPITAL OR STITUTION	ADDRESS OR LOC	TAL OR INSTITU (ATION)	TION, GIVE STREET	Maryland c. City OR TOWN		1	103
11"	3111011014				Baltimore			CITY LIMITS?
	Bal	timore City	Hospital		E. STREET AND NUMB	ER	1 16	SA NOL
					729 S. Lake	wood Ave.		
11.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye		Under 1 Yr., If Under 24 Hrs.
	ale	White	WIDOWED		Nov. 16, 1889		81 /	anths Doys Haurs Min.
Ido	te during most of v	working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto of	foreign country)	1:	2. CITIZEN OF WHAT COUNTRY?
R	etired P	aymaster	City Ha	11	Maryland			U. S. A.
13.	FATHER'S NAM	AE			14. MOTHER'S MAIDEN	NAME		
			Gar	rity	?			
15. (Ye	Was Deceosed s, no or unknown)	Ever in U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO.	17. In (Daughter)	1541 Bu	rnwood	D.J. ADDRESS
11	0			216-14-3039	Elizabeth Bl		lto. Md	le 21239
	1B. 4/19	4111	50 X	CAUSE OF DEATH				APPROXIMATE INTERVAL
		E OR CONDITION DI	RECTLY		C .	<b>N</b>	1	BETWEEN ONSET AND DEATH
		LEADING TO DEATH of mean the made of	dving on	(A) IMMEDIATE CAU		the	4	
	heart failure,	asthenia, etc. It means	the disease.	DUE TO, OR AS	CONSEQUENCEOF			
H		plication which caused NTECEDENT CAUSES			No			
				DUE TO, OR AS	122	CUD	*************	******
	rise to the	R CONDITIONS, il abave cause (A) CONDITION last.	slaling the	(c)	A CONSEQUENCE OF:			
		11			1	1		
N		CANT CONDITIONS CO		C	of en	de aux		
8	DISEASE OR CO	ONDITION GIVEN IN PAI	RT 1 (A).	***************************************	1 3	Jun Jos		
CERTIFICATION	0	WAS PER	FORMED	HICH OPERATION	NO NO		WERE FIND NG CAUSES	INGS CONSIDERED OF DEATH?
₹	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examined	21 B. P home etc.)	LACE OF INJURY (e.g., in , torm, factory, street, aff	or obout 21 C. WHERE DI ice bldg., INJURY OCCU!	0 (II In	Baltimore Cit	y, give exoct locotion)
MEDIC	21 D. TIME OF INJURY	(Manth) (Doy) (Year)		NJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
~	(APPROX.)		White	Not While				
	22. I certify t	that (N (this hospital	) attended the	deceased from	2 3		Au	C 25 19 71
	that (N (we)	last saw the decease	d alive on	Aug at				death accurred on the date
H	,			(We) (did) (did not) vI	ew the bady after dea	th.	, ap	de de la constante de la const
	23A. SIGNATUR	IE /	//				23 B.	DATE SIGNED
		hear	Lead	Atten	ding Med.	Stoff Phys.		8-25-7
	23C. PHYSICIAN NAME (Ty	Y'S pe)	· ····································	DEGREE	3D. ADDRESS		1	0.03 1
	,	Leon Land	au, M.D.		Baltim	ore City F	Hospita	1
Н .	REMOVAL (Sp	AATION, 248. DATE Decify) 8/28/7]		ME of CEMETERY of CREATER Stanislaus Ce	MATORY 240	LOCATION	(City, to	wn, or county) (Stote)
							altimo:	re, Maryland
	SEP 1	5 1971 P.S.	258 NAME	en Kal	ophnide Duc	2829 н	udson S	St. Balto. Md.
VS	150-REV. 1/1/6	8						



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	aminer or his assistant if death occurred in a hospital and	aminer. Also, if the direct or contributing cause of death	A fracture of any kind; (4) Undetermined cause; (5) Deceased	the pronounced death was in regular attendance on the	regular attendance on the deceased prior to death. Such	n is made
LALL INCREME	aminer or his assistant if deat	miner. Also, if the direct or	fracture of any kind; (4) Unde	ho pronounced death was in	egular attendance on the de	ambalmed or final disposition is made

1	3-620 71 8672 BALTIMORE CITY	HEALTH DEPARTMENT			
sed the the uch	BIRTH NO. CERTIFICA	CERTIFICATE OF DEATH REG. NO			
Sage	I.NAME OF DECEASED (Type or Print) Elsie L. Garcia	2. DATE AND HOUR OF DEATH August 26, 1971			
2000	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?			
ng cau cause; attende ior to		C. CITY OR TOWN Baltimore D. INSIDE CITY LIMMS? YES 1 NO 1			
uting ed cau	2203 St. Paul St.	E. STREET AND NUMBER 2203 St. Paul St.			
contributing contributing etermined can in regular at eceased prior on is made.	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH Nov. 1, 1892  9. AGE (in years lift Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.			
de ride	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) HOUSEWITE	11. BIRTHPLACE (State or loreign country)  Maryland  U. S. A.			
# 5 € ¥ + ogs	James F. Edwards	14. MOTHER'S MAIDEN NAME Jenieve ?			
the dirty kind; death nce on final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ulf yes, give wor or dates of service) No 212-07-6022D	Harry J. Garcia, Baltimore, Maryland			
ved by the chief medical examiner or his as hospital by a medical examiner. Also, if nature; (2) Body burns; (3) A fracture of any ept where the physician who pronounced d (6) No physician was in regular attendatined before the remains are embalmed or famed before the remains are embalmed befor	heaf failure, osthenia, etc. it means the disease, injury or complication which caused death.)  ANTECEOENT CAUSES  DISEASES OR CONDITIONS, if ony, giving mise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  17A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH inotify medical examined  21D. TIME 1Monthi (Doy) (Yeard (Hour) 21E. INJURY OCCURRED OF INJURY)	A CONSEQUENCE OF:    20A. AUTOPSY? (Yes of No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?   1 or about 21C. WHERE DID   (If in Boltimore City, give exact location)   21F. HOW DID INJURY OCCUR?			
ficate must be approved was released to the An accident of any A. at a hospital (exciprior to death); an approval must be obtained.	22. I certify that (I) (this hospital) ottended the deceased fram that (I) (we) lost saw the deceased alive on Aug. 23 and hour and from the causes stated above. (I) (We) (did) (did net) vi 23A. SIGNATURE  Attemption Attemption (A 20 Attemption (A 20 Attempt) (A 20 Attempt)	19 7 and that in (my) (our) opinion death occurred on the date lew the bady ofter death.  238, DATE SIGNED  30. ADDRESS  5111 York Road, Baltimore, Maryland			
This certified the body shows: (1) was D.O./deceased written a	25A. DATE REC'D BY HEALTH DEPT.  SEP 1.5 1971 P. B. B. E. Jack. Ach.  VS 150-REV. 1/1/68	25C. FUNERAL DIRECTOR, 7922 Wise Ave. Dundaik, Md.			



1 M-3241 SETICAL EXAMINER'S CERTIFICATE

2073	Drantinone Cit i	PER PEN		
MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH

1	RIH NO.	1	MEL	ICAI	. E)	CAMINER'S	LERTIF	CATE O	F DEAT	H REG. NO.	1 8	673	
I. NAME OF RECEASED (Type or Ptint) ROSALEE MITCHELL							2. DATE OF	Known 🗆	Month	Day	Yeor	Hour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						DEATH	Estimated		ber 9, 1			м.	
FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						3. DATE PRONC	UNCED DEAD	Septem	ber 9, 1	Year 1.971	8:45	A <sub>eM</sub> .
OF	INSTITUTION	rovide	nt Hos	pital	L	(DOA)	5. USUAL I	RESIDENCE (Wh Marylar		ed. If institution B. COUNTY	residence b	efore odmi	ssion)
6.	SEX / CA	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY O			D. INSIDE CI	Y LIMITS?	<u> </u>	and the same
F	'emale	Neg	ro	WIDOV	-			Baltimo	re	Ve	s 🖾 ı	10 🗆	
9.	7/27/19		10. AGE (I	yeors	If Un Monti	der I Yr. Il Under 24 Hrs. hs Days Haurs Min.	E. STREET	AND NUMBER				10 L	
11.	BIRTHPLACE (S		in country)			ITIZEN OF	13. FATHER	3327 Fo	rrest P	ark Aven	ue		
	S.C.					HAT COUNTRY?		mes Wood					
14/ dor	LUSUAL OCCU eduring most of w House v	arking lile, eve	ekind of work en Il reilred)	14B. KIND	OF 8	SUSINESS OR INDUSTRY							
	WAS DECEASI	DEVERIN				17. SOCIAL SECURITY NO.	18. INFOR	lia Fern MANT	andez	AC	DRESS		
-	19. // /						Arel	ia McDon	ald, 33	27 Fore	st Pa	role A sz	
	412	,41				CAUSE OF DEA						ROXIMATE II EN ONSET A	
		OR COND		CTLY		Arterioscl	erotic	cardiova	scular o	disease			
		EADING TO		lng e.g		(A) IMMEDIATE C	AUSE						
	heart lailure,	ot mean the osthenia, etc. plicotian whic	It means the	disease,		DUE TO, OR A	S A CONSEC	QUENCE OF:					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
		ITECEDENT (				(B)							
	RISE TO THE	ASOVE CAL	USE (A) STATE	, GIVING IING THE		DUE TO, OR	AS A CONSE	QUENCE OF:					
Z	UNDERLYIN	G CONDITI	ON LAST.			(c)							
ERTIFICATION	OTHER SIGN	IFICANT CON	II IDITIONS CO	ONTRIBUT	TING								
뜸	DISEASE OR	CONDITION	GIVEN IN PA	ART 1 (A).		***************************************							
CER	20A. DATE OF	OPERATION	1 20B. CON	NOITION	FOR V	WHICH OPERATION WA	S PERFORA	MED			21. AUTOP	SY? (Yes	or Na)
٦	0	114									N	0	
EDICA	22A. EXTERN UNDERLYING UTING ☐ CAI		TRIB-		228. P	LACE OF INJURY (e.g., form, factory, street, affice	bldg., etc.)	22C. WHERE DIE	(Il in Baltimore	City, give exoc	l lacation)		31
Σ	22D. TIME (	Month) (D	oy) (Year	) (Havi		E.INJURY OCCURRED	WHILE [	22F. HOW DID I	NJURY OCCU	R?			
	(APPROX.)				m. W	ORK AT W	ORK						
		fy that I he	old on the	nguiry [	7	Inspection XX Aut	apsy 🗌		4			4	
									this basis,		7		
	resulted from: Natural causes V Accident Suicide Hamicide Undetermined manner												
ACTUAL SIGNATURE Charles ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMI								VED					
	EXAMINE NAME (T	R'S Ch	arles	S. S	pri	ngate, M.D.	ASSO	CIATE MEDICAL	EXAMINER	Sept	ember	9, 19	71
24. RE	A. BURIAL CREM	()	48. DATE		240	NAME of CEMETERY			LOCATION	(City, town,	ar county)	(Sta	
	Burial		9/14/7			Arbusus Mem	• Park	E	Baltimor	e, Mary	rland		
25	A. DATE REC'D	Y HEALTH D	Septo a	258 N	AME	OF REGISTRAR	25C. 1	FUNERAL DIREC	TOR	AD	DRESS		
	2FL TO	13/1	hacer	1	7	100	Ke	nneth Lo	w , 461	l Park	Heigh	ts Av	re.
VS	151-REV. 7/1/68			1 1	-		1 4	0 / 1					

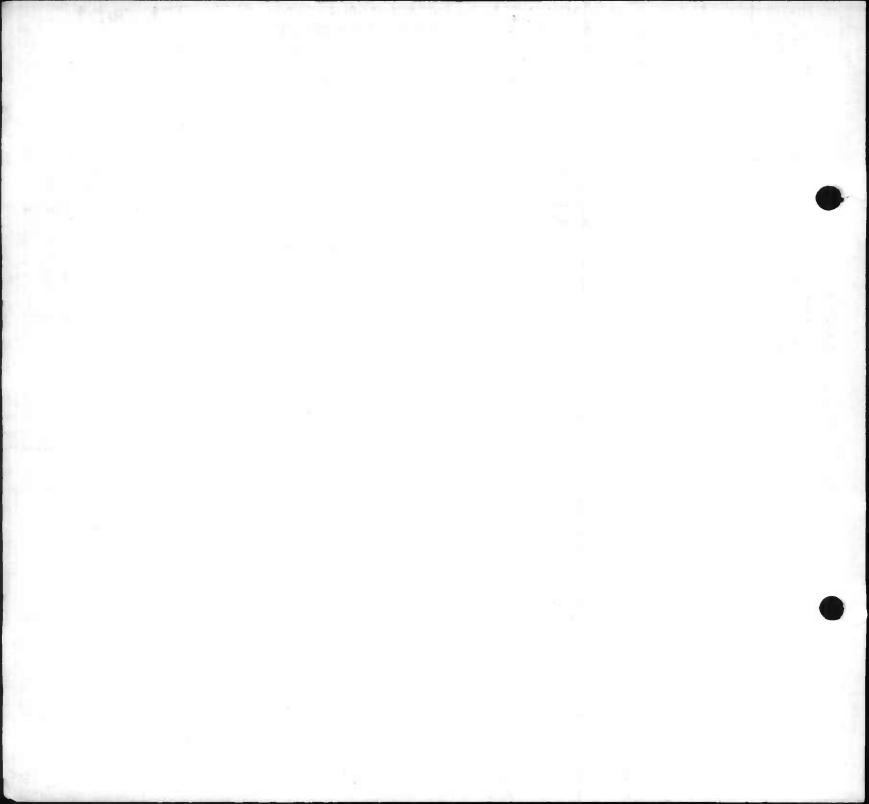
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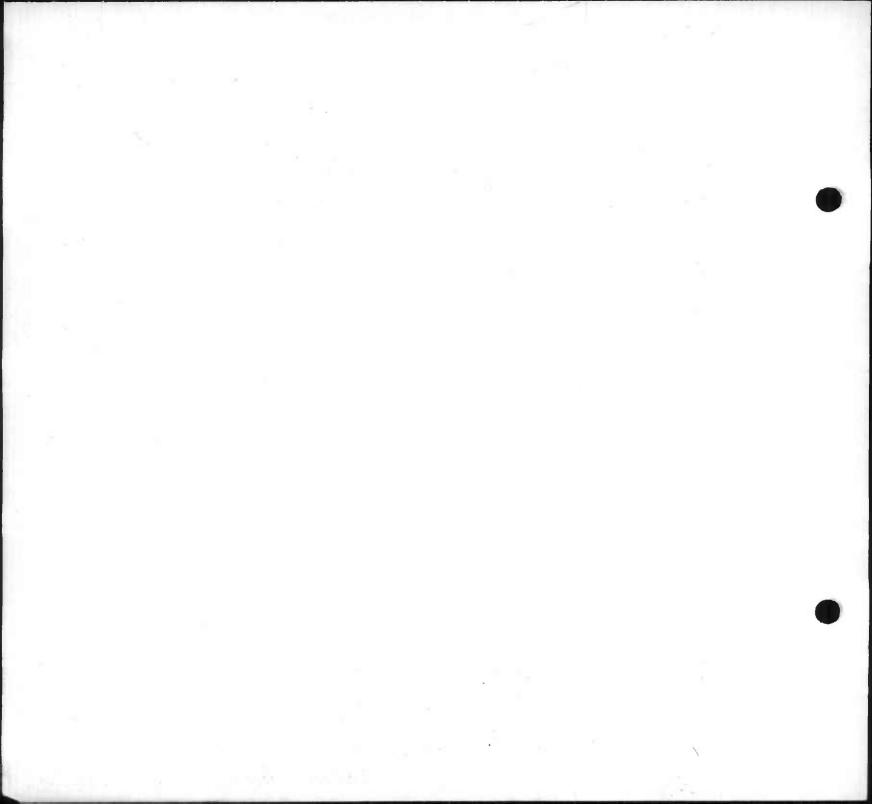
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	BALTIMORE CITY	HEALTH DEPARTMENT	71 8674				
D-362-71 8674	CERTIFICA	TE OF DEATH REG. NO	T OD/3				
1. NAME OF DECEASED SOPHIA M.S.	TOWERS	2. DATE AND HOUR OF DEATH	19-13-7/ m.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	mo	DE CITY LIMITS?				
CHURCH HOME & HOSPITAL		BALTO-	YES NO				
5 BALTO - MD 21231	. /	E. STREET AND NUMBER 2335. Clinton St.	21224				
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH  9. AGE (in years lost birthday)  11. BIRTHPLACE (State of foreign country)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.				
F Cauc. WIDOWED	DIVORCED [	3-12-19/9 52					
IDA. USUAL OCCUPATION (Give kind of work) 108, KIND OF BI			12 CITIZEN OF WHAT COUNTRY?				
Pack	age	MD.	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
michalas Metra	ck.	Helen Stavori	(Shieko)				
IVan no as unknown! Iff you give use as dates of seeded!	SECURITY NO.	17. INFORMANT	ADDRESS				
No	213095253	DR. SAILAM, CHURCH HOME	EHOSPITHL,				
18. 150 X I	CAUSE OF DEATH		APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	ISE Cardin reprovatory	tenture 5 hrs.				
heart failure, authonia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:					
injury or complication which caused death.)	<i>a</i> . 1	(2.2 - 22-2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -					
ANTECEDENT CAUSES	(8) Ca Of	O couph asus & carroliae for A CONSEQUENCE OF:	relice 5 monler				
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DOE 10, OK AS	A CONSEQUENCE OF:					
UNDERLYING CONDITION lest,	(c)						
Z OTHER CONTRACTOR CONTRACTOR							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
OISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED				
	of oesophasus	195					
OR CONTRIBUTINO CAUSE OF CONTRIBUTINO CAUSE OF CONTRIBUTINO CAUSE OF CONTRIBUTINO CAUSE OF CONTRIBUTION CONTR	ACE OF INJURY (e.g., in factory, street, of	n or obout 21C. WHERE DID (If In Baltimor line bldg. INJURY OCCUR?	e City, give exact lacotion)				
OF INJURY (Month) (Doy) (Year) (Hour) 21 & IN	JURY OCCURRED	21 F. HOW DID INJURY OCCUR?					
(APPROX.) While	At Work	• 🗆 -					
22. I certify that (I) (this hospital) attended the		7 = 2-8 - 197/10 91	13, 199/				
that (i) (we) last saw the deceased alive an	9.13.	197/ and that in (my) (aur) op!					
ond hour and fram the causes stated above. (1) (We) (did) ( <del>did not</del> ) view the body after death.							
23A. SIGNATURE	40 3 44	nding Med. Stoff	23B, DATE SIGNED				
1.3. 2 ans	DEGREE Phy	s. Director L. Phys. L.	9-13-71				
V. S. Scile 23C. PHYSICIAN'S NAME (Type) DR. ANDERSON	r, m.s.	CHURCH HOME & HOSD	1TAL, BALTO.MD 21231				
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	AE of CEMETERY of CRE	EMATORY 24D. LOCATION IC	ity, town, or county) (State)				
7 0/107/-1	st Lawn	Balto. Ma	1				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME QE	REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS				
SEP 15 1971 Robert E. Jacker	Add, U	JOSEPH N. ZANNIN	10 263 S. CONKLING				
VS 150-REV, 1/1/68			54- V				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	-510 DD/U	ATE OF DEATH REG. NO. 71 8675
	in No.	74
(Ту	Hattie Cymbo	2 DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B, COUNTY
HIHO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. 805
	NITO HON	D. INSIDE CITY LIMITS?
	11/1/5 0 1 0	E. STREET AND NUMBER
	1670 Darley Are,	1645 DArley Ave.
5, 5	6. RACE MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
2	7 . WIDOWED DIVORCED	16-6-13) 5
	USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	anner	S. Caulina U.S. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Henderson Jurner	Cora. 7
15. (Ye:	Nas Deceased Ever in U. S. Armed Farces?  no ar unknown) [If yes, give war ar dates of service]  1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	No.	It ellian Curabo- 1645 Darley Que.
	18. / TY O FT CAUSE OF DEA	
	DISEASE OR CONDITION DIRECTLY	bar Pheumonia BETWEEN ONSE AND DEATH
	LEADING TO DEATH	NUSE Day 3
	medit initiate, deliterita, arc. It illactic lite dicades.	A CONSEQUENCE OF:
	injury or complication which caused death.)	istatic Carcinoma 42 mo.
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving Due To, OR A	S A CONSEQUENCE OF:
	nise to the above cause (A) stoling the UNDERLYING CONDITION lost.	noma of the Right Femus 9 mo.
	II	
101	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
RTIF	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
11 .	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, details and the continuous continuo	in at about 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg, INJURY OCCUR?
DIC	21D. TIME (Month) (Day) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY  (APPROX)  While At   Not Wh	ile r-1
	Werk L At Werk	
11 (	22. I certify that (i) (this-hespital) attended the deceased from	TONE 197/10 4-13-197/
411	that (I) (ws) last saw the deceased alive on	19 ond that in(my) (and apinion deoth occurred an the date
	and hour and fram the causes stated obave. (1) (We) (did) (did nat)	
	TOWN ON PIR MAD AH	ending Med. Stoff 23B. DATE SIGNED
	Photography Photog	ending Med. Steff Phys. Director Phys. 123D. ADDRESS
	FUGGER H. DULLER C M.D.	1730 F Fodom 1 Ct Balto.
24A	BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CE	REMATORY 24D. LOCATION (City, town, or county) (State)
-	REMOVAL (Specify) 9-16-71 ashutus 7	noneta ki al to me
25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25G-EUNERAL DIRECTOR ADDRESS
	SEP 15 1971 Pasas E. Falle, M.D.	Celeste Francis / Home - 1129 M Carlin
VS	50-8EV- 1/1/68	The state of the s



		71	86	76	BALTIMOR	RE CITY HE	ALTH DEPAR	TMENT					
(	5-650	Ć	MED	ICAL				CATE OF	DEAT	LI 194			
BI	IRTH NO.		MILD	ICAL	FVAMIL	ALK 5 C	EKIIII	CATE OF	DEAT	REG. NO.	1 8	676	
	NAME OF DEC		rew Gre	en			2. DATE OF DEATH	Known K	Manth 9	Day 14	Year 71	9:05	Α.
4.	PLACE IN BALT				ONOUNCED DE	AD	3. DATE		Month	Day	Year	Havr	М.
HC	ILL NAME OF DSPITAL R INSTITUTION	(IF NC	T IN HOSPITA	LORINST	TUTION, GIVESTE	REET		INCED DEAD	9	14	71	9:05	A. M.
		2510	E. Hoff	man	Street		A. STATE	SIDENCE (Where	deceased liv	B. COUNTY	residence b	pelare admis	Sion)
		7. RACE		8. MARR	ED NEVER M		C. CITY OR	TOWN		D. INSIDE CI			
	Male DATE OF BIRTH	1	10.AGE (In los! birthdoy	yeors	# Under I Yr, II U Months   Doys   H	ORCED Inder 24 Hrs.	E. STREET A	Altimore ND NUMBER			s k	NO Ц	
11	25- BIRTHPLACE (SI	000		.6	12. CITIZEN OF			510 E. Ho	rrman :	Street			
(	Mene	11	el .		WHAT COUN	HRY?	13. FATHER	NAME	,7)	an P	, )		
dor	A.USUAL OCCUP ne during most of w	ATION (Giv	e kind of work]	4B. KIND	OF BUSINESS O	RINDUSTRY	15. MOTHER	S MAIDEN NAM	AE /	wyare.			
14	sines	nolu	yd-o	ca	valle	/	V	ma,	Tru	en			
(Ye	WAS DECEASE	(If yes, give	wor or dates o	f service)	7 17. SOCIAL SECURI	TY NO.	18. INFORM	ne Ss	elyro	2510	DRESS	Ilm	m. l
	(This does no	EADING TO	TITION DIRECT DEATH mode of dyling the coursed death	ng. e.g.	(A) <u>!</u>	MMEDIATE C		ty alterations	tionof	liver		ROKIMATE IN EEN ONSET AI	
NO	DISEASES O RISE TO THE UNDERLYIN	R CONDITI ABOVE CA G CONDITI	CAUSES ONS, IF ANY, USE (A) STATI ION LAST.	GIVING NG THE	(B) (C)_	DUE TO, OR A	AS A CONSEC	UENCE OF:					
CERTIFICATION	I TO THE DEA	TH BUT NOT	II NDITIONS CO RELATED TO T GIVEN IN PAI	HE TERMI	NG NAL								
CERT	20A. DATE OF	OPERATION	208. CON	DITION	OR WHICH OPE	RATION WA	S PERFORMI	D		127,19		esy? (Yes o	
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) home, farm, foctory, street, office bldg., etc.) INJURY OCCUR?												
Σ	OF INJURY (APPROX.)  WHILE AT WORK  AT WORK												
	23.	fy that I h	eld an In	quiry [	Inspection	Pa Pa	rtiel	and that an th	ls basis, i	death in my c	pinion		
	resulte	d fight N	atoral cous	22	Accident	Sulcide	Hor			ed manner	-		
	ACTUAL SIGNATU	HE WWW	Si	X	47	M.D.	Deputyc	HIEF MEDICAL EX	CAMINER	[]* 		DATE SIGN	ED
	EXAMINE		/		1	,m.D.	ASSO	CIATE MEDICAL EX	AMINER		9	9-14-7	1

Spitz, M.D.

24D. LOCATION

25C FUNERAL DIRECTOR
Collection

(City, town, or county)

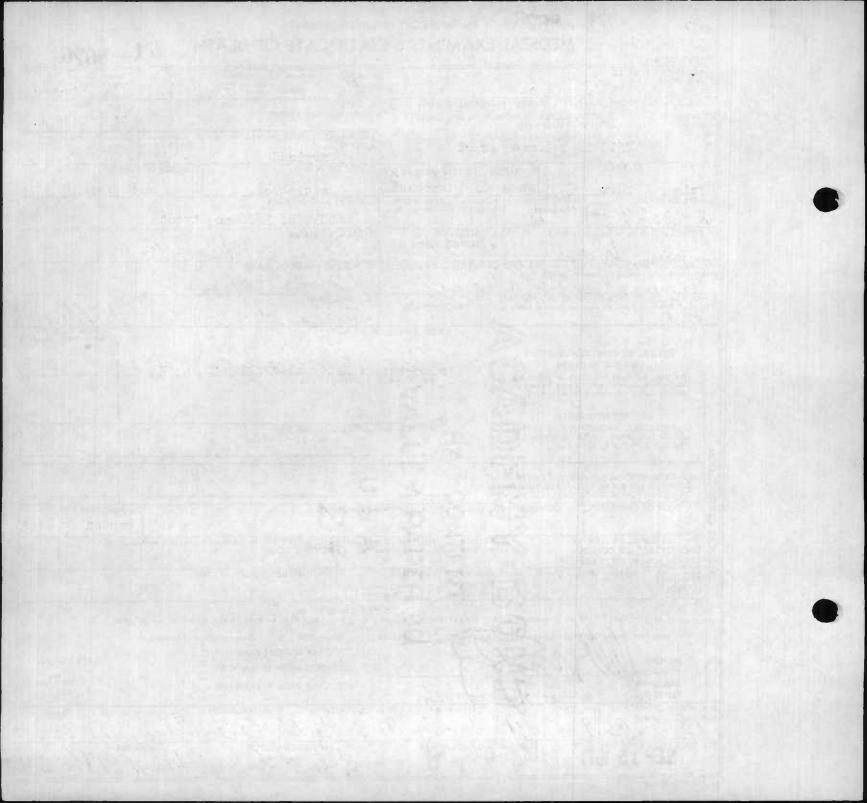
Home-1/29 Taul

NAME (Type)

24A. BURIAL CREMATION, REMOVAL (Specify) Werner U

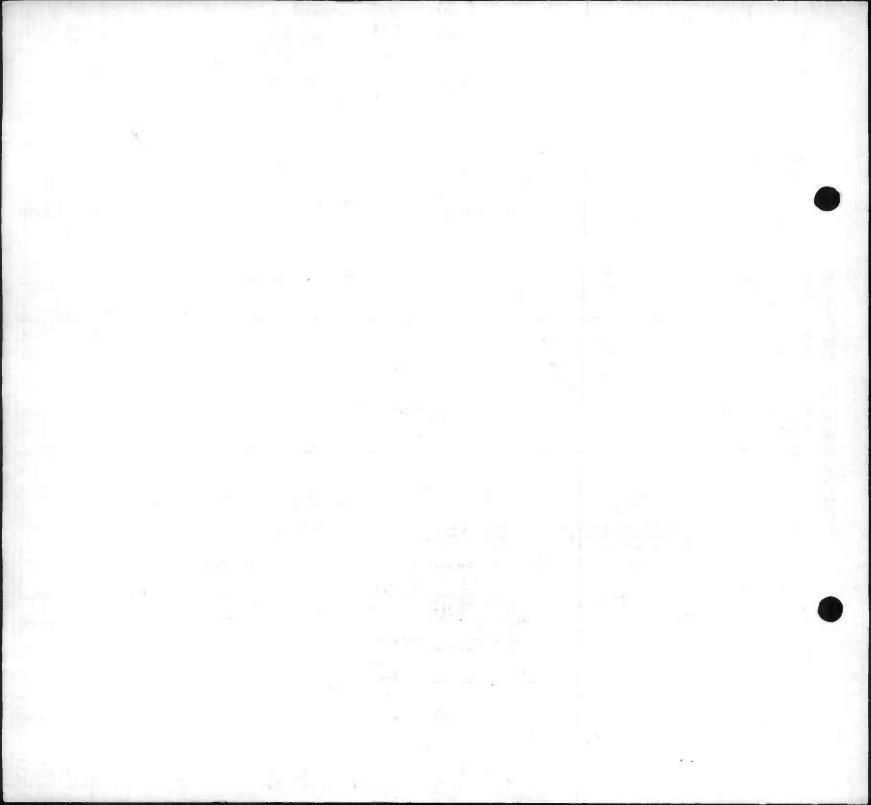
24B. DATE

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR



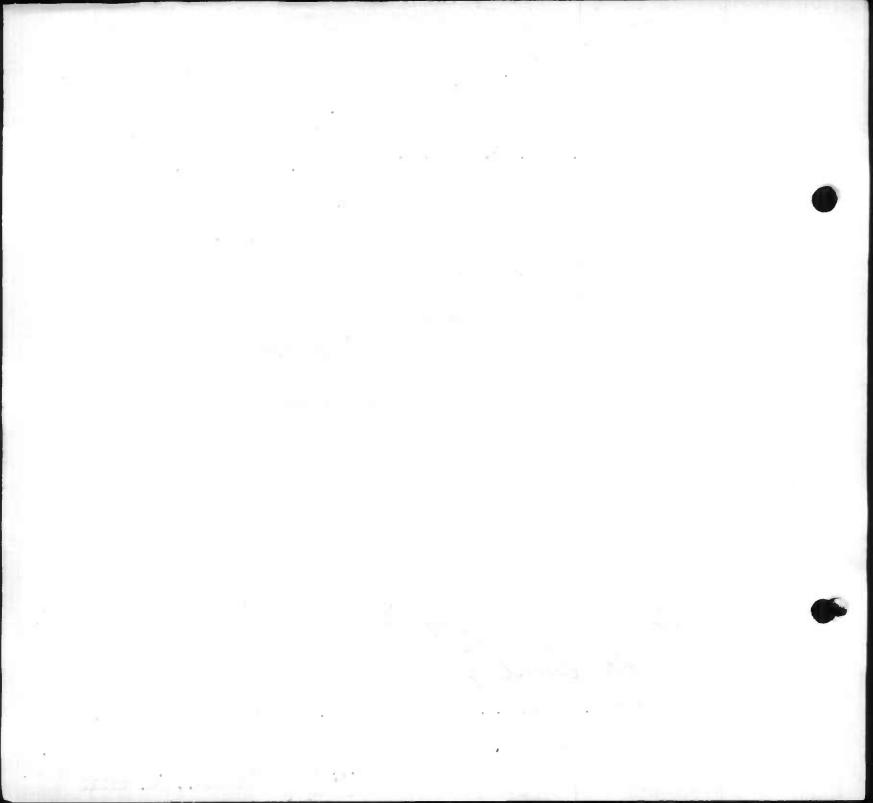
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1. 525	BALTIMORE CITY	HEALTH DEPARTMENT			
RI	J 525 71 8677	CERTIFICA:	TE OF DEATH	REG. NO	71 8677	
1.	NAME OF DECEASED			D HOUR OF DEATH	(11)//	
Ľ	ype or Print Johnson, MelV	in	10-	- 9/13/	7 1 1 10 2 2	O DM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	deceased lived. It in:	stitution: residence before	odmission
E	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON. GIVE STREET	Md		100	) 2
İÑ	OSMITAL OR ADDRESS OF LOCATION	_	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	
	> 7 MERCY HOSPITAL		Baltimore E. STREET AND NUMBER		YES NO	
	5 /		725 Sterling	S+		
5.	SEX 6. RACE 7. MARRIED	NEVER MARRIED	DATE OF BIRTH	AGE (In vente	II Under 1 Yr. , II Un	der 24 Hrs.
	Male Negro WIDOWED	DIVORCED [	11-26-95	ost birthday 75-	Months Doys Hours	Min.
10	A. USUAL OCCUPATION Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	1. BIRTHPLACE (Stote or lareig	n country!	12. CITIZEN OF WHAT	COUNTRY?
2	Laker - Lumber		mal	, .	U.S. A	
13.	FATHER'S NAME	1	4 MOTHER'S MAIDEN NAM	NE P	2	
	William Johnson		Mary J. Fisher	· Laur	w!	
15. (Ye	William Johnson Wes Deceased Ever in U. S. Armed Forces? (s. no or unknown) (Uf yes, give war or dates of service)	SOCIAL SECURITY NO.	7. INFORMANT	0	ADDRESS	
L	No		Undrew	Johnson	-18511.CH	linder
	18.4/2.2.1	CAUSE OF DEATH	6		APPROXIMATE BETWEEN ONSET	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	To Ulinario and	CVA			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAUS	CONSEQUENCE OF:			
	injury or camplication which caused death.)					
	ANTECEDENT CAUSES	(a) Hyperte	nsion			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A	nsion CONSEQUENCE OF:			
	UNDERLYING CONDITION last.	(c) ASCVD				
z	II					
100	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	//////////////////////////////////////				
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHITE WAS PERFORMED	CH OPERATION	20A. AUTOPSYT (Yes at No)	20B. IF YES, WERE F	NDINGS CONSIDERED	
ERTI	WAS PERFORMED		NO	IN CERTIFYING CAU	SES OF DEATH?	
	OR CONTRIBUTING CAUSE OF	CE OF INJURY le.g., in arm, factory, street, affic	or about 21C. WHERE DID	(II In Baltimare	City, give exact lacation)	
MEDICAL	DEATH (notify medical examiner) etc.)					
MEC	21D.TIME (Month) (Dayl (Year (Hour) 21E INJ OF INJURY While A	WRY OCCURRED Not While	21F. HOW DID INJU	RY OCCUR?		
	Wark	☐ At Wark,		71	0/22	777
	22. I certify that (f) (this hospital) attended the d	9/13	1S	)to	9/13	9
	The state of the s		and the	in (May) (our) opin	ion deoth occurred or	the date
	and hour and from the causes stated above. (1) (9)	e)X(dld) (djdzzet) vle	w the body after death.			
	Tal. Mas	Attend	ling Med. S	hoff 🖂	23R DATE SIGNED	
	23C. PHYSICIAN'S	DEGREE Phys.	D. ADDRESS	hys. IQ	1113/71	
	NAME (Type) TOLYV OHE	ND I	Herry H	asn'tel	Hospital	
247	A. BURIAL CREMATION, 24B. DATE 24C. NAME	OI CEMETERY OF CREM		CATION (City	lown, or county!	(State)
1	Quial 9-18-71 m1	Calvain	Cam. a	al'in	to m	11.
25/		EGISTRAR	25C FUNERAL DIRECTOR	1	ADDRESS	
	SEP 15 1971 Robert & Jackson M	50000	Alfred of	unual He	ne11297 (2	cho f.
VS	150-REV. 1/1/68					

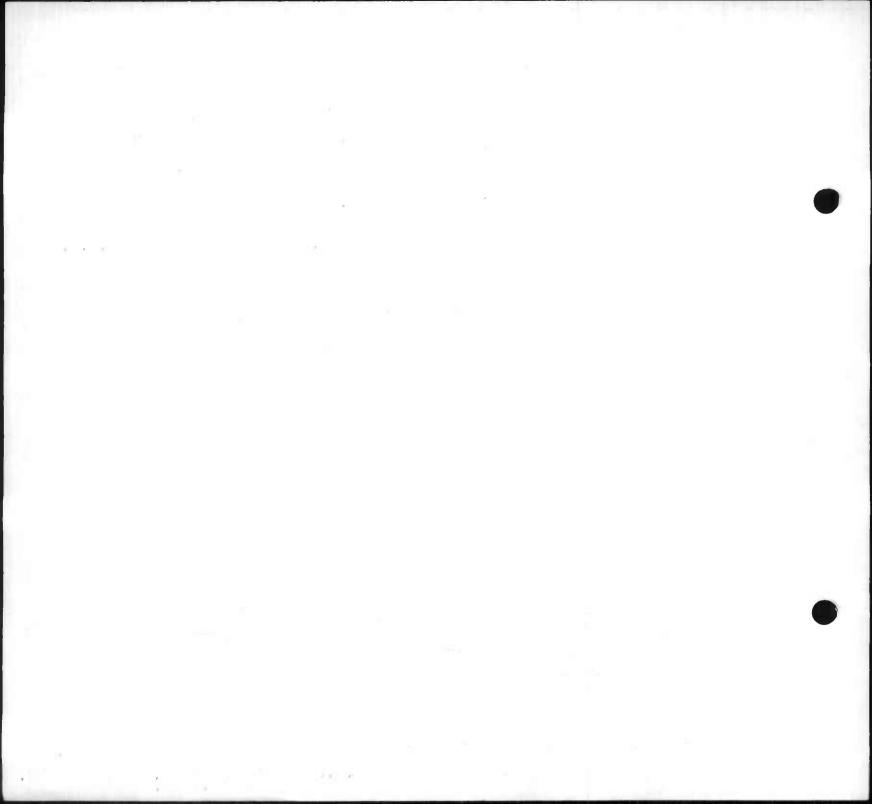


1	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

	0	Lav. e		BALTIMORE CITY	HEALTH DEPARTM	ENT			
В	7-00 (	71	8678	CERTIFICA	TE OF DEA	TH	REG. NO.	71 8F	378
1.	NAME OF DECEA	SED					DUR OF DEATH		1.00
IL.		Miss Isak	el H. Pi	le		9-	12-71	1	3 40
11		AORE MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE	COUNTY	eceased lived. II in	stitution: residen	ica before admissi
FI	ULL NAME OF	IIF NOT IN HOSPIT	AL OR INSTITUT	TON, GIVE STREET	.Md.			/,	202
"	אסודטדות אי	KESWICK			C. CITY OR TOWN Baltimo	re	D. INSI	YES V	-
-	71		th. St.	Balto.Md.	E. STREET AND NUM	MBER		152	ио 📗
					3003 N.	Char	les St.		
5.	SEX 6.	RACE	7. MARRIED	1	8. DATE OF BIRTH	9. A	GE (In years birthdoy)	If Under 1 Yr. Months: Doys	Hours Min.
1	Female	White	WIDOWED		Aug.27-18	86	85		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
do	ne during most of wor	king life, even if retired)	1		11. BIRTHPLACE (State	e or foreign c	country)	12. CITIZEN C	DE WHAT COUNT
		red Nurse	Nur	sing	Howard Co	unty,	Md.	U	SA
13.	FATHER'S NAME				14. MOTHER'S MAID	EN NAME			
	Ferdinar	d Chatand	Pue		Ellen Fi	tzhugh	Bowen		
15. (Ye	Was Decoased Evers, no or unknown)	er in U. S. Armed For yes, give war or date	cos?	6- SOCIAL SECURITY NO.	17. INFORMANT			ADD	RESS
	No			212-32-34944	Kesw	ick Re	cords		
	18. 4/2	41		CAUSE OF DEATH					ROXIMATE INTERVAL
		OR CONDITION DI	RECTLY		& meier	nm11		1	EN ONSET AND DEA
1	(This does not	mean the made of	dying e.g.	(A) IMMEDIATE CAU	SE //www.	revoca		Pe	245°
	hearl lailure, ast	henia, etc. Il means calion which caused	the disease.	a -t	CONSEQUENCE OF:	/			
		TECEDENT CAUSES		Arles	coscleral	12 6	Vdisa		Year
	DISEASES OR	CONDITIONS, ii	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:			/	
	rise to the C	above cause (A)	stating the						
		11		(c)	***************************************		************		
No	OTHER SIGNIFICA	NI CONDITIONS COL	NTRIBUTING						
F	IDISEASE OR CON	UT NOT RELATED TO THE	T 1 (A).				***************		
CERTIFICATION	19A. DATE OF OP	ERATION 198. CON WAS PERF	DITION FOR WH	ICH OPERATION	20A-AUTOPSY? (You	s or No) 201 IN	B. IF YES, WERE F	INDINGS CD NO	SIDERED
E	21A. ACCIDENT	WAS UNDERLYING	21R. PI	ACE OF INJURY le.g., in	160				
CAL CAL	OR CONTRIBUTIN	WAS UNDERLYING CAUSE OF	home,	form, foctory, street, off	ce bidg., INJURY OCC	CU R?	(If in Boltimore	City, give exoct	l focation)
음	21 D. TIME (M	onth) (Day) (Year)		IJURY OCCURRED	215 HOW 5	Im thitten			
MEDI	OF INJURY (APPROX.)		While	At C Not While	21F. HOW D	ID INJURY	OCCUR?		
		Man 1 - 1 1	Work	Al Work					
	22. I certify that (1) (this hospital) attended the deceased from April 27 1970 to Sept 12. 1971								
	that (I) (we) last saw the deceased alive on								
	and hour and from the causes stated above. (1) (did nat) view the body after death.								
		RK /so	indos	Atten	ding Med.	Staff Phys.		23B. DATE SIGN	
	23 C. PHYSICIAN'S NAME (Type)	1,100	7	DEGREE Phys.	Director	Phys.		1-13	3-71
	NAME (Type)	nard K. Gund	· M M						
24#	BURIAL CREMAT	ION, 248, DATE		E of CEMETERY OF CREA	700 W. 40t	th Stre			21211
	Burial	9/15/7				24D. LOCAT		, town, or count	ty) (Stote)
25A	DATE REC'D BY		25B. NAMEOF	ark's Episo	25C. FUNERAL DIR		hland		Md.
	SEP 15	971 Vasant	E. Valber	7.4.00	H.W. Jenk	insinc	Sons Co	4905	York Rd
VS	150-REV. 1/1/68		- 4				Balto.	Md 212	27.2



	D-525 1 8679 CEPTIFICA	TE OF DEATH REG. NO. 71 8679
	BIRTH NO.  I. NAME OF DECEASED	
	(Type of Print) AMY, BIDDISON	2. DATE AND HOUR OF DEATH 40 AM A.M.
	3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	Florida  C.CITY OR TOWN  D. INSIDE CITY LIMITS?
,		St. Petersburg YES KO NO O
	>INAI HOSpital	E. STREET AND NUMBER 950 Snell Isle Blvd.
	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost bishday) Oct. 6. 1885 85 85 Months Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stota or foreign country)   12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if setired) Homemaker Own Home	
	13. FATHER'S NAME	Pa U.S.A.
	Israe <b>l</b>	Eliza
	15. Was Deceased Ever in U. S. Armed Farces?   16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	7,55,15
	NO   400-70-4465	Miss Ruth Biddison (Same)
	DISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL
H	LEADING TO DEATH	luviari emboli minute-
	(This does not mean the mode of dying, e.g., heat failure, asthenia, etc. It means the disease,	SE A CONSEQUENCE OF:
	injury or complication which caused dauth.)	SE MINUTES - MIN
	ANTECEDENT CAUSES	op course of perforated EB 5 days
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	risa la the abave cause (A) stating the UNDERLYING CONDITION last. (C)	
	11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
$\parallel$		000789000000000000000000000000000000000
	19.4. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION WAS PREFORMED HELD GOB	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21 A. A CCIDENT WAS UNDERLYING   DIR PRACE OF INJURY (G. G. in	
	OR CONTRIBUTING CAUSE OF hame, form, factory, street, all	ice bldg., INJURY OCCUR? (If In Bolttmore City, give exect location)
	O 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	215 HOW 212 DVIVA
	OF INJURY  (APPROX)  While At   Not While	21F. HOW DID INJURY OCCUR?
	Wark L.J At Wark	
	22. I certify that (I) (this haspital) attended the deceased fram	7-8-19 11 10 9-15 19 11
	that (I) (we) last saw the deceased alive an	19and that in(my) (aur) apinian death accurred an the date
	and haur and fram the causes stated above. (1) (We) (did) (did nat) vi	
	1.1010000000000000000000000000000000000	iding Med. Staff M 23B. DATE SIGNED
	DECEMBED Phys.	Director L Phys. D 9-15-11
	PAGE (Upe) TO CE CAGRIALI DET	3D. ADDRESS
	144. BURIAL CREMATION, 248. DATE   24C, NAME of CEMETERY St. CRE	Juan 100 preal
	REMOVAL (Specify)	(21016)
	Cremation 9/17/71 Loudon Park	Baltimore Md.
	SFP 1.5 1971 (See & Salber M.D.	250 FUNERAL DIRECTAR ADDRESS M. W. Jenkins & Sons Co. 4905 York Rd.
	ALI TA MIL AND	Balto Md 21212

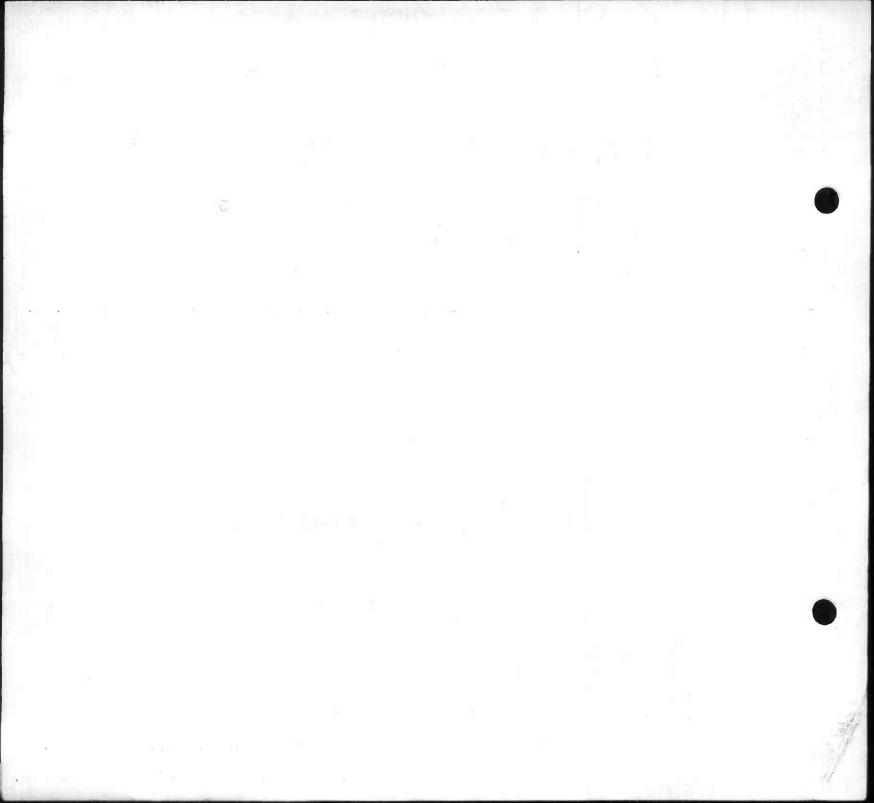


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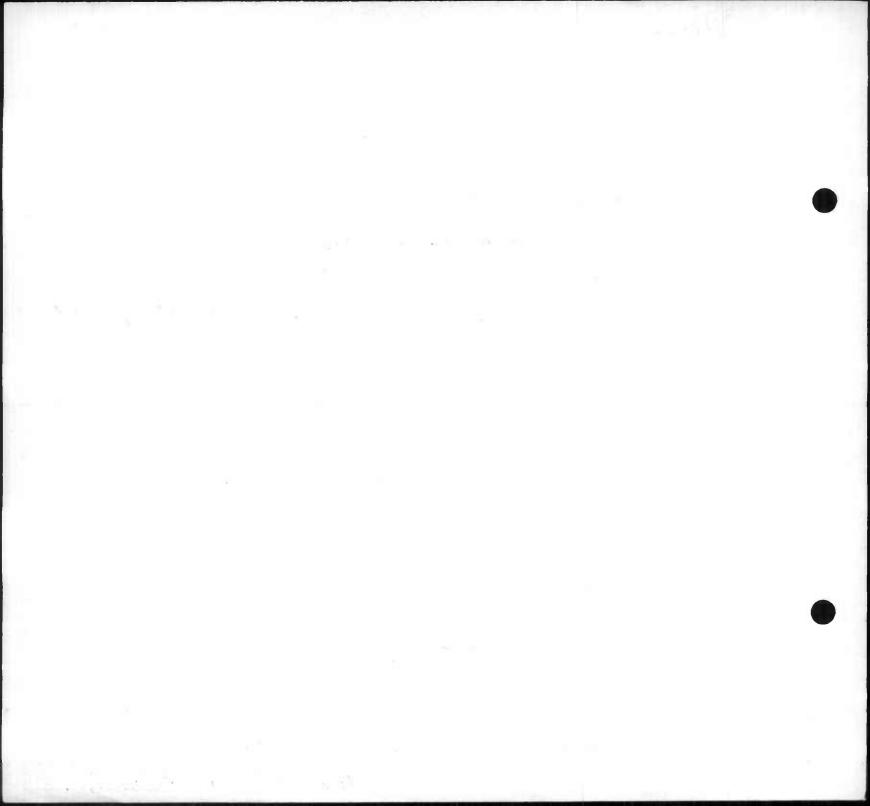
shows:

Was

NO 5. SEX If Under 24 His. Haurs 12. CITIZEN OF WHAT COUNTRY? 15. Was Deceased Ever in U. S. Armed Farces? (Yes,na ar unknawn) (If yes, give war ar dates of service) ADDRESS Mrs. Cassie Martin-2276 Druid Pk.Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH A AUTORSY? (Yes at No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) MEDICAL While At Nat While (APPROX.) Wark At Wark 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an and that In(my) (aur) apinion death accurred an the dote and have and from causes stated abayes (1) (We) (dld) (dld nat) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending Med. Director Staff Phys. Phys. 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type てるひか DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or county) (State) Burial Gardens of Faith Cemetery Md. Balto. Co., 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Donovan Funeral Home-3818 Roland Ave VS 150-REV. 1/1/68



1	11-607		HEALTH DEPARTMEN		71 9684
BII	TH NO. 71 8681	CERTIFICA	TE OF DEAT	H REG. NO. –	- GER
	PO OF PRINT TO STHEP MON	TPE		TE AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE	Where deceased lived, II	71 1:00 AMM. institution: residence before admission)
fl H	ILL NAME OF SENTAL OR INSTITUTION, ADDRESS OR LOCATION	GIVE STREET	MARY LAND C. CITY OR TOWN	BALTIMOR	ESIDE CITY LIMITS?
11	OUTH BALTIMORE GENERAL	HOSPITAL			YES NO .
l,			1322	CAMBRIA ST	
5.	SEX 6. RACE . 7. MARRIED NEV	ER MARRIED	8. DATE OF BIRTH	9. AGE IIn years	If Under 1 Yis . If Under 24 His.
1	FEMALE WHITE WIDOWED 12	DIVORCED	APRIL 14, 188	10 29	Months Doys Hours Min.
dor	e during most of working life, even if refired	ESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
11-	ales Lady Lansburg D	ept. Store	Dover, Dele	ware	1154
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	45/1
	Samuel Renshaw		Henritta H	owell	
15.  Ye	Wos Deceosed Ever in U. S. Armed Forces? 16.50 s,no or unknown)   Ilf yes, give war or dotes of service)	CIAL CURITY NO.	17. INFORMANT	612	C ADDRESS
	No 577	-01-7238	Cunthia H.	Alexander Art	S. Buchanan St. ington, Virginia
	1-210	AUSE OF DEATH		71/00	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		A 4.4	4	BETWEEN ONSET AND DEATH
		(A)IMMEDIATE CAU	SE MYOC	APDIAL INFAL	EGTION 10 MINUTES
	heorl failure, asthenia, etc. Il means the disease, injury or complication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:		
	ANTECEDENT CAUSES		DIAR	meritar 1 det i in	
I	DISEASES OR CONDITIONS, if any, giving	(B). DUE TO, OR AS	A CONSEQUENCE OF:	THE MELLIT	0)
	HADEN VINC COMPLICATION		T		
	II	(C)			***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	DEHYI	PATION 4	MOD. ACIDO	5/5
FIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? IYes	or No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC	O NONE WAS PERFORMED APP	LICAPLE			AUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE CONTRIBUTING CAUSE OF DEATH (notify medical exomined) 21B. PLACE hame, form, etc.)	OF INJURY le.g., In loctory, street, off	or obout 21 C. WHERE D	ID (II In Boltimo	ore City, give exoct location)
	21D. TIME IMonth) (Doy) (Year) (Hour) 21E, INJURY	OCCURRED	215. HOW DIE	INJURY OCCUR?	
×	IOF INJURY	NA Not While		N.A.	
	22. I certify that (I) (this hospital) attended the dece		SE97.6	19 <del>1</del> /ta	587.7 19 71
	thot (1) (we) last saw the deceased alive an SEI	7.7	19 <i>71</i> on		Inlon deoth occurred on the dote
	and hour and fram the causes stated obave. (1) (We) (	(dld) (dld not) vl			
	23A. SIGNATURE				238, DATE SIGNED
	Nalson K. de Lan	Atten Phys.	ding Med. Director	Staff Phys.	SEPT. 7,1971
	23C. PHYSICIAN'S NAME (Type)	2:	D. ADDRESS		11.0
24A	WELSON R. DE LARI BURIAL CREMATION, 1248, DATE 124C, NAME OF	DEGREE CEMETERY OF CREA	SOUTH 124	BALTIMOFE D. LOCATION IC	98h. HOSOLL
	REMOVAL (Specify)			Did.	ity, town, or county) (Stote)
25 A	Burial 9-10-71 (edar H. DATE REC'D BY HEALTH DEPT. 1258, NAME OF REGIS		25C. FUNERAL BIREC	surgand,	Ky Maryland
	SEP 15 1071 P. 8 8 3 4 4 AF		Mwrphy Fune	10 711	0524 Columbia Pike
VS	150-REV. 1/1/6B		price pray 1 arts	July Holles Elec	+Indington, Va. 22204



	-625 71 8682 CEPTIFICA	TE OF DEATH X REG. NO. 71 8682
I	1. NAME OF DECEASED (Type or Print)  Top hall have	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived, if institution; residence before odmission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	c. CITY OR TOWN . D. INSIDE CITY LYMITS?
	48 1 0 11	E. STREET AND NUMBER
	MARY IND GENERAL HOSE.	Baker Lane
	Make Wild Wildowed Divorced	8. DATE OF BIRTS 9. AGE (In years lost birthdown Months: Doys Hours: Min.
	done during most of working life, even if refired)	MA VSA
	John A. Lerbury	Anna B. Z.A Ellerbrock
	15. Wos Decared Ever in U. S. Armed Forees?  (Yes, no or (nknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  216-01-668	17. INFORMANT ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	ANTECEDENT CAUSES	Water FAMOUS DANGETTIS - 3 month
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	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	My CAMA TUSE ISSUE OF SEEDS
	19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED TO STATE IN COLUMN STATE OF THE INC.	29A AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, sireet, offi	or about 21C. WHERE DID (II in Boltimore City, give exact location)
11	O 210-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED  OF INJURY  (APPROX.)  White At   No! White	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased fram	17-7/
	that (i) (we) last saw the deceased alive an DOAM	19 19 and that in(my) (aur) apinian death occurred an the date
	ond haur and fram the causes stated above. (1) (We) (did) did nat) vi	ew the bady after deoth.
	Attended to the Attended to th	ding Med. Shaff Shaff 9-11-71
	23C. PHYSICIAM'S NAME Hyper 223	3D. ADDRESS
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2	SEP 15 1971 Just E. Jane of REGISTRAR	25C. FUNERAL DIRECTOR SON 8802 HARTORU RO
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his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospith be body was released to the hospital by a medical examiner. Also, if the direct or contributing cause or hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dogs D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance eccased prior to death y; and (6) No physician was in regular attendance on the deceased prior to death ritten approval must be obtained before the remains are embalmed or final disposition is made.
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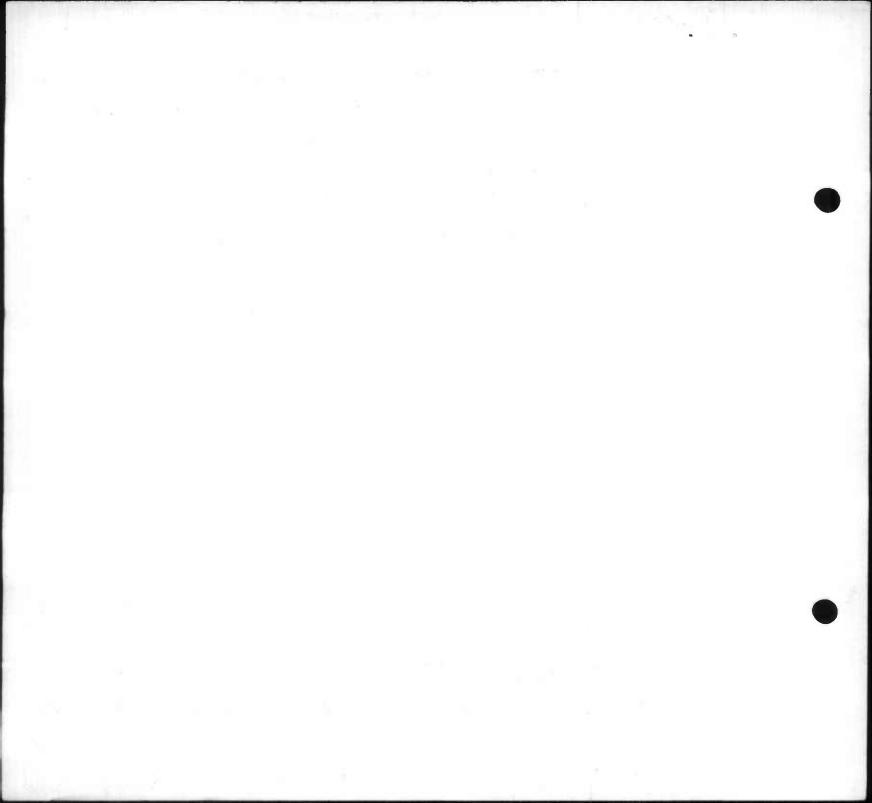
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Mary Fowler Sept. 12, 1971 P.M. 7:10 3 PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE
B. COUNTY
Baltimore Keswick: Home for Incurables
FULL NAME OF
HOSPITAL OR
HOSPITAL OR
ADDRESS OR EOCATION)

Keswick: Home for Incurables
FULL NAME OF
HOSPITAL OR
ADDRESS OR EOCATION INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? 700 W. 40th Street Baltimore, Maryland Timonium YES NO X ESTREET AND NUMBER 122 Greenmeadow Drive (21093) 6. RACE White Female 7. MARRIED NEVER MARRIED PATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min. ost birthdoy WID OWED' DIVORCED X 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done duping most of working life, even if retired) Education California U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Bradley Dewees Laura Estes 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) 45-01-5473 Records: Keswick 700 W. 40th Street No 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, rise la the above cause (A) stating the UNDERLYING CONDITION last. 11 ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., In or obout 21 C. WHERE DID (If In Boltimore City, give exoct location) home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examined etcJ 21D. TIME (Month) (Doy) (Year) (Hour) 21 L INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (\$\mathcal{F}(\text{this hospital}) attended the deceased from Dec. Dentember that 🎒 (we) last sow the deceased alive on. and that In(my) (my) opinion death occurred on the date and hour and from the causes stated above. (1) (5) (did (did not) view the body after death. 238. DATE SIGNED Attending | Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) town, or county) 9-16-71 Cremation Loudon Park Crematory Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS Cook-Brooks Towson, Inc. VS 150-REV. 1/1/68

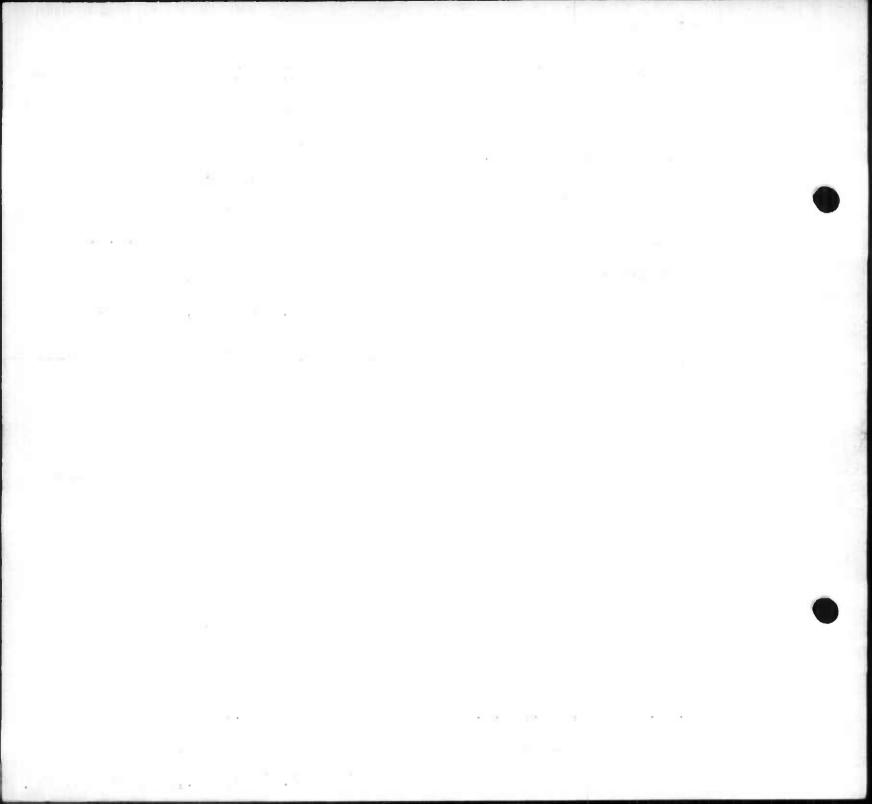
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M-200		E OF DEATH	REG. NO.	71 8684
BIRTH NO.  I. NAME OF DECEASED 71. 8684  (Type or Print) A	CERTIFICAT		D HOUR OF DEATH	1 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. Il inst	ilution: residence belore admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	TUTION, GIVE STREET	MD /-	mn Aeu	e CITY LIMITS?
Bon Secours Hos	144/	E. STREET AND NUMBER	PARIRI	Reach RI
5. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED 8		lost bisthdoy)	Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND Of done during most of working life, even if refired)		1. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	machanic	4 MOTHER'S MAIDEN NAM	Ria	45
15. Was Doceasad Ever in U. S. Armed Forces?	1 6. SOCIAL 11	C /	ga Sah	ah A
(Yes, no or unknown) (III yes, give wor or doles of service)  445 WWI	213-16-5415	otto-walt	er mach	a -Tr-
/ 18. / 9. 0 I DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	0 1	*	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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injury or complication which caused death.)  ANTECEDENT CAUSES	(0)	V		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(B)	CONSEQUENCE OF:		######################################
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  199. DATE OF OPERATION 198. CONDITION FOR V WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1	WHICH OPERATION	20A. AUTOPSY? (Yos or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
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Z OF INJURY	INJURY O CCURRED  Ilo At Work  At Work	21F. HOW DID INJU	RY OCCUR?	
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that ()) (we) last saw the deceased alive an and haur and from the causes stated above. ()	(We) (did) (did nat) vie		t in(my) (aur) opinio	an death accurred an the date
Bullen V. Hung	Attendi Phys.	ng Med. S	Shaff 23	9- 13 - 7/
23 C. PHYSICIAN'S NAME (Type) R4 BEN V. L	UNA MD 231	ADDRESS	ECOURS	HOSP: TAL
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	ME of CEMETERY OF CREM.	4 - 4		town, or county) (Stote)
PULIOL 9/5/7/ ALZ 25A. DATE REC'D BY HEALTH DERT. 25B. NAME O	n Haven Memor	25C. FUNERAL DIRECTOR	R. P. War	ADDRESS
/S 150-REV, 1/1/68	•	S/Ng/efon tu	uren//fom	464 on Byrvie md.



	3-656	71. 8685	BALTIMORE CITY	Y HEALTH DEPARTMENT		71 8685	
-	RTH NO.		CERTIFICA		1		
	NAME OF DECEASED	1 1 - 10	1		AND HOUR OF DEATH	171,11	
3.	PLACE IN BALTIMORE,		rnhorn Pronounced dead	4. USUAL RESIDENCE (	3/1971 Where deceased lived, If in	nstitution: residence before admission)	
E	JLL NAME OF (IF	NOT IN HOSPITAL OF	INSTITUTION. GIVE STREET	Maryland		2744	
in	STITUTION	DRESS OR LOCATION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
11	111			Baltimor	e	YES NO	
		Memorial H	osp.	E. STREET AND NUMBER			
5.	SEX 6. RACE	7- MJ	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
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13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
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15.	Was Deceased Function	1 E A 1 E 3	19 2	17. INFORMANT	0111110	ADDRESS	
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li	DISEASES OR CON						
	rise to the abave	cause (A) statin	g ine	A CONSEQUENCE OF:			
	ONDERENING COND	11	(c)		**************		
Z	OTHER SIGNIFICANT CO	NDITIONS CONTRIBL	TING O'C	receity -		3 years.	
ATION	TO THE DEATH BUT NO	OTRELATED TO THE TERM		9		o years,	
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ERT	0					JSES OF DEATH?	
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that (i) (we) lost saw the deceased olive on							
	23A. SIGNATURE		)	/ / rie body offer ded	m.	23 B. DATE SIGNED	
	1/1/14	Keeren 1	DWD AHO	nding Med.	Shaff	6/11/4	
	23C. PHYSICIAN'S NAME (Typel	100	DEGREE Phys	23D. ADDRESS	Shoff Phys.	17/17/7/	
24/	L BIIDIAL CRESASTION	wver, Jr.,	M.D. DEGREE	4808 Harfo			
	REMOVAL (Specify)	- 1- 1 1				y, town, or county) (Stote)	
254	Burial  DATE REC'D BY HEAL	9/16/19 <b>71</b>	Holy Redeemer		Baltimore,		
	SEP 15 197	1 0000	THE OF RECORDERAN	25C. FUNERAL DIRECT	G IS	ADDRESS	
Ve	150-REV- 1/1/68	Trocal B. A.	Calle Seg	Leonard J.	Ruck, Inc.,	5305 Harford Rd.	

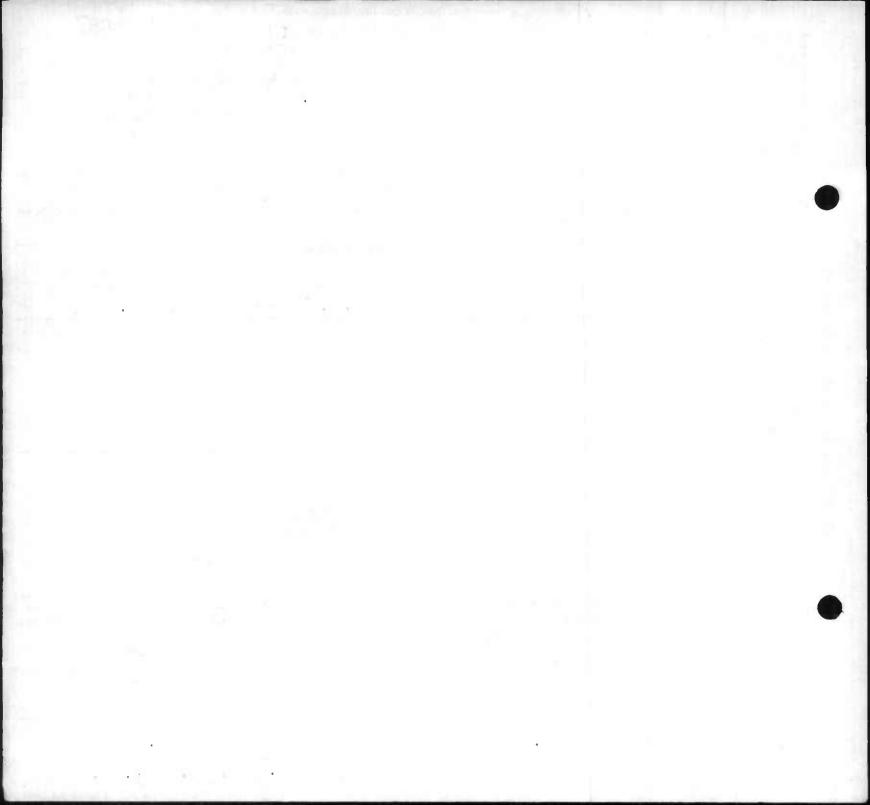


BI	H-22	6 71	MED	ICAL		LTIMORE CITY HE			DEAT	H REG. NO	71	8686	1
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4. FU	CERT	IFI G	RYLAND W THIHO PITS 35 OR LOCA				3. DATE	UNCED DEAD	Month 9	Doy 12	Yeor 1971	Hour 4:51	м.
	NOITUTITZAN	2553 So	uthden	e Ave		9-17-71	5. USUAL F A. STATE	ESIDENCE (When	re deceosed li				M.
6.	SEX	7. RACE		8. MADDI	en Di A	EVER MARRIED	C. CITY OF			D. INSIDE C	ITY HALITS?	24 2	/
I	male	white		WIDOW	-	DIVORCED	1	Balto.					
9.	DATE OF BIRTH	1	10. AGE (In	Veors	If Under	1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER		] Y	res 🖺	ио Ц	
	4/28/19	123	lost birthday	()	Months	Doys Hours Min.		51-Southd	ene-Ave	2553	South	dene Av	re.
11.	BIRTHPLACE (S	tote or loreign	1		12. CITIZ	EN OF	13. FATHER						-
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144	LUSUAL OCCUP	ATION (Give	kind of work	4B. KIND		NESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME	150			
don	Carrier Carrier		en Ifretired)	US P	OST	OFFICE	Fra	nces Klo	onared	le			
16.	WAS DECEASE	D EVER IN L	U.S. ARMED	FORCES	2 117.	SOCIAL	IB. INFOR				DDRESS		
(Ye	s, no or unknown) NO	(if yes, give w	or or dotes	of service)	21	SECURITY NO.	Mrs	. Aurora	Hage			ne	
	19.	E.E.V	0			CAUSE OF DEA			a mage	BCO1 BC		PPROXIMATE IN	TERVAL
	DICEACE	OD COMPI	TION DIDEC			Shotgun wo		head			BETV	WEEN ONSET AL	NO DEATH
		OR CONDI		PILT									
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Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)												
CERTIFICATION	TO THE DEA	FICANT CON TH BUT NOT I	RELATED TO	THE TERMI	ING NAL								
CERTI					OR WHI	CH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes o	r No)
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24/	NAME (Ty	ATION. 124	B. DATE	. U. I		ME of CEMETERY	OF CREMATO	PV loca	LOCATION	le:			,
RE/	MOVAL (Specify Burial	)	9/15/	71		ek Ortho			location ltimor	e, Md	n, or county)	) (Stote	1)
_	A. DATE REC'D E		EPT.	25B. NA	ME OF	REGISTRAR		UNERAL DIRECTO			DDRESS		
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W.C.	151.DEV 7/7/49			1 1 1 1			O LA		1	,			

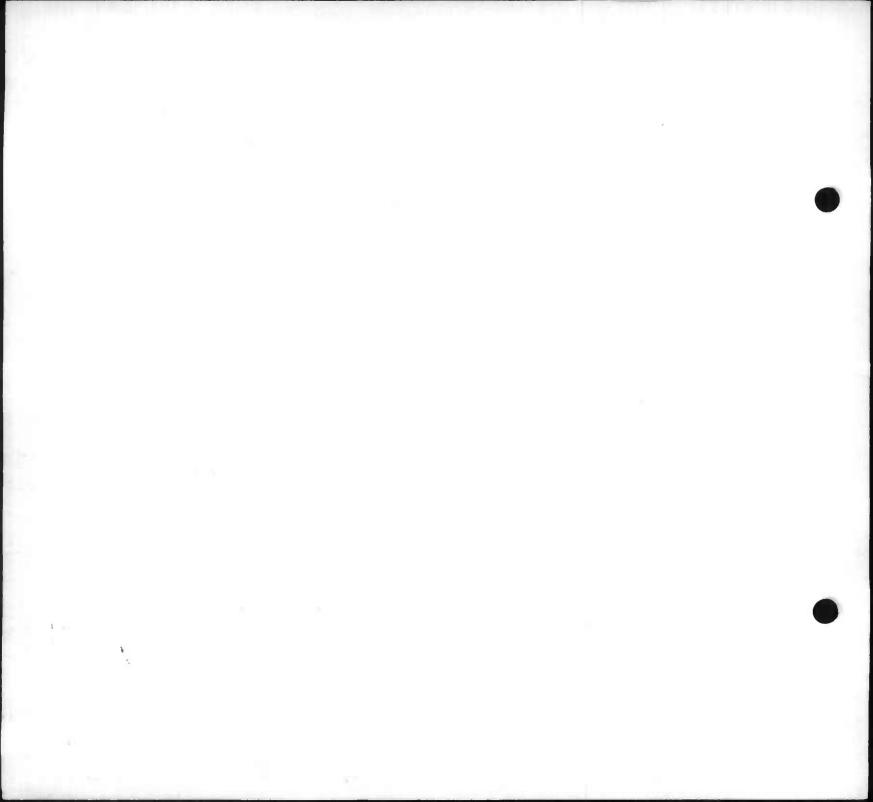
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Letter from M.E. Office 9-17-71 M.H.

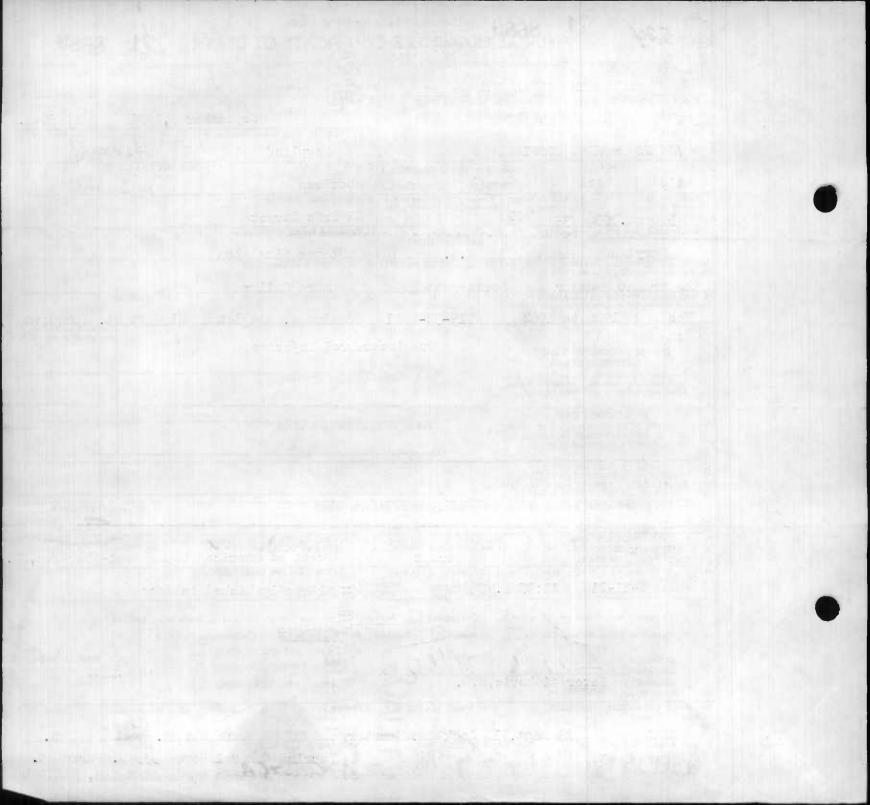
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BIR	TH NO.	6 71	8687	CERTIFICA	TE OF DEATH	REG. NO.	1 8687
1.1	AME OF DEC	1			2. DATE AN	D HOUR OF DEATH	
			4 BRUND		9/12	2/71	8=10 PM.
3.	PLACE IN BAL	IMORE MARYLAND,	WHERE PRONO	UNCED DEAD	A. STATE Md.	te deceased lived. It ins ITY	titution: residence before odmission)
HC	LL NAME OF	(IF NOT IN HOS	PITAL OR INSTITUTE (CATION)	UTION, GIVE STREET	C, CITY OR TOWN		21/3
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ξ.,	1 THE	WION MEH	URIAL H	905PITAL	E. STREET AND NUMBER		100
					3087 ECHO.	DALE AVE,	
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don	e during most of v	rorking life, even if refired	d)	BOSINESS OK INDOSIKE	4		12. CITIZEN OF WHAT COUNTRY?
12	Hamema FATHER'S NAA				MARYLAN		U.S.A.
	INTRES HAN	John Bi	Milmoon		14. MOTHER'S MAIDEN NAI	Me Catherin	ne Posth
15.	Was Deceased	Ever in U. S. Armed		1 6 SOCIAL	17. INFORMANT	Out off of the	
(Yes	, no or unknown) No	(If yes, give wor ar d	oles of servicel	SECURITY NO.		1170 0: 1	ADDRESS
_	18 /	7 9.		CAUSE OF DEATH	Mrs. E.B Loren	nz, 1199 Circi	
	50	E OR CONDITION I	DIRECTIV	CAUSE OF DEATH	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEAT		(ANIMMEDIATE CALL	SE CHE AND DU	Omonon ada	ug.
	(This does no heart failure,	ot mean the mode	of dying, e.g., ns the disease.	DUE TO, OR AS	SE CHF AND promoney adma		
	injury or com	plication which caus	ed death.)				
		NTECEDENT CAUS		(B) Acu	re Myser everle	injacerou	
	DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the				A CONSEQUENCE OF:	. 0	
	rise to the above cause (A) stating the UNDERLYING CONDITION last (C) pressible is chemic bawel,						
z	OTHER CLONIES		ONTRIBUTING				
NTO	TO THE DEATH	CANT CONDITIONS C I BUT NOT RELATED TO INDITION GIVEN IN P	THE TERMINAL	***************			
FIC.	19A-DATE OF	OPERATION 198. CO	ONDITION FOR VERFORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED
ERT	1				YE5	IN CERTIFYING CAU	SES OF DEATH?
7	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examined	21 B,  hom  eic.	e, form, foctory, street, of	or obout 27C. WHERE DID	(If In Boltimore	City, give exact location)
DIC		IMonth) (Doy) IYee					
	OF INJURY	indiani, (Doy) Itee		INJURY OCCURRED  Not White	21 F. HOW DID INJ	URY OCCUR?	
			1000	k L Al Work			
		that (1) (this hospit		- /		9 7/10 9/	
		last saw the decea				ot in(my) (our) opini	on deoth accurred an the dote
	23A. SIGNATIII	F			ew the body after deoth.		23B, DATE SIGNED
	71	en-eln =	Fau-Ch	ices D Atter	iding Med.	Shaff Phys.	9/12/71
	23C. PHYSICIAI	YS	· core	DEGREE Phys			
	NAMEATY	la-elu E	HI FAN.	-CHIANG	35 RD X	NO CALVE	RT STS,
24A	BURIAL CREA	AATION, 248, DATE		ME of CEMETERY OF CRE	MATORY 24D. LO	RE/IUD 21 DEATION (City,	town, or county) (State)
	Burial		,	oly Redeemer C		Baltimore, M.	
25A		BY HEALTH DEPT.	258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	•	ADDRESS
	SEP 1	5 1971 88	118 July	Z Na O O		uck, Inc. B	alto. Md. 21214
VS	150-REV. 1/1/6	8		-			



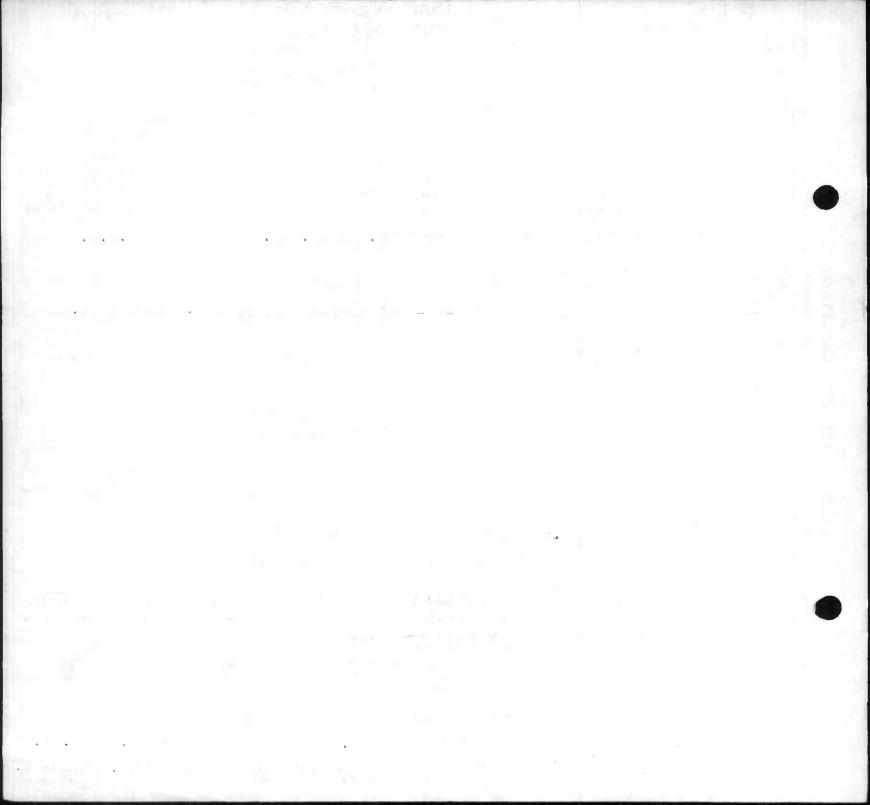
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such ng cause of death cause; (5) Deceased BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital 12 71 M. eath. 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admissign) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance B. COUNTY Baltimore, md. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 0 ion Secour Hospital Baltimore YES NO prior E. STREET AND NUMBER contributing occurred 28 North etermined timore md. evning Aue nue gular 5. SEX B. DATE OF BIRTH 9. AGE (In years onihsi Days Haurs Min. BE MARRIED NEVER MARRIED deceased Black 04-20-03 WIDOWED [ DIVORCED X 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition death = done during most of working life, even if retired) 0 Retireo (4) Und aro MOS 13. FATHER'S NAME the direct Horitace Kikard 15. Was Deceased Eyer in U. S. Armed Farces? eath uo kind; 6. SOCIAL ADDRESS final (Yes, na ar unknown) (If yes, give wor or dates of service) SECURITY NO. ance ŏ 246-09-2477 any CAUSE OF DEATH pronounced 0 attend BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed fracture of LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode al dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, asthenia, etc. It means the disease, regular injury or camplication which caused deoth. ANTECEDENT CAUSES who Gre 4 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (Al stoting the physician UNDERLYING CONDITION lost. remains WOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). i al physician Body the 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 20A. AUTOPSY? (Yes or No) before 3 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? where (If in Baltimore City, give exact location) to the hospital 2 MEDICAL DEATH (notify medical examiner) accident of any nature; obtained 21 D. TIME OF INJURY (Month) (Day) (Year) (Haur) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 (except Not While (APPROX.) and Work 9-1124 22. I certify that (I) (this hospital) attended the deceased from death); must be that (I) (we) lost sow the deceased alive on... ond that in (my) (our) opinion death accurred an the date hospital and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. the body was released must 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Phys C Director 10 al area; 9-12-71 Phys. written approval O 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior ŧ shows: (1) An MARCO FLOREZ BON SECOURS HTL. BALTIMORE O. A. OEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY deceased LOCATION (City, tawn, or county) (State) MOS 5 197 25C. FUITERAL DIRECTOR VS 150-REV. 1/1/68



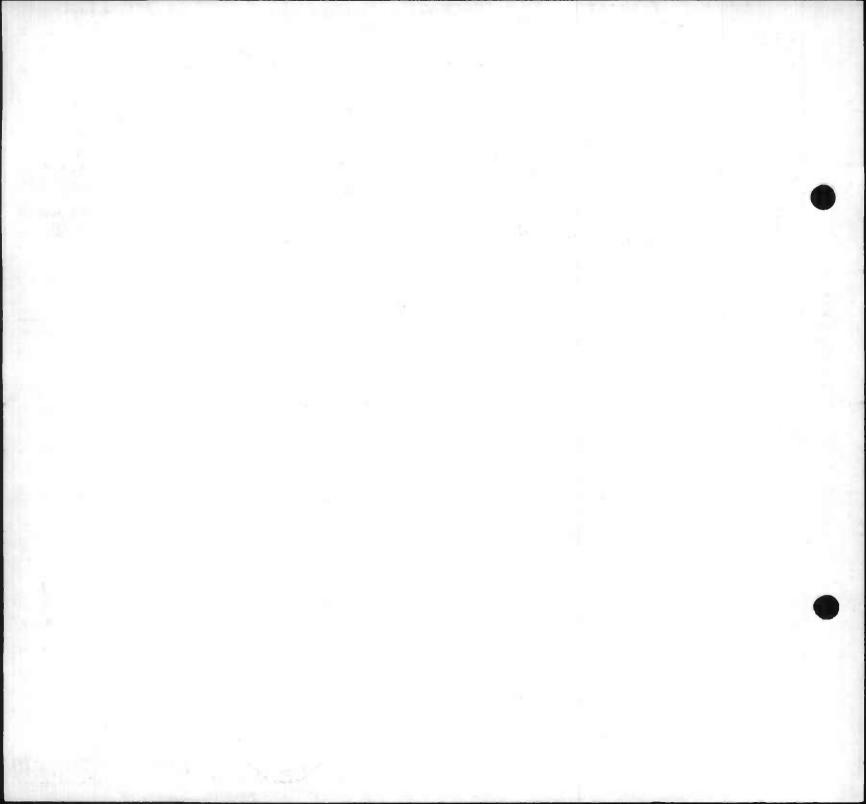
71 8689 BALTIMORE CITY HE		
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG, NO.	1 8689
I. NAME OF DECEASED		
(Type or Print) KENNETH SINGLETON	OF 5 TO	Year Hnur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD September 9,19	71 11:50 Pm
JOHNS HOPKINS HOSPITAL	5. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY B. COUNTY	: residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	
Male White WIDOWED DIVORCED	Aberdeen	s 🗓 NO 🗆
9. DATE OF BIRTH 10. AGE (in years   16 Under 1 Yr. If Under 24 Hrs.   Months   Days   Hours   Min.	E. STREET AND NUMBER 41 Taft Street	312 140 []
5 Sept. 1936 35 **  11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?		
Maryland U.S.	Steven Singleton	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	- MOMEKS MAIDEN NAME	
Restaraunt Manager Restaraunt	Laura Cullum	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT AL	DORESS
Yes 1960 to 1962 215-32-7421	Rosalee A. Singleton Al Tar	ft St. Aberdeen
19. CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Cranioco	erebral Injuries	DETRIENT ON SELF AND DEATH
LEADING TO DEATH	AIISE	
	S A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
0 1		yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., I	in or about 22C. WHERE DID (If in Ballimore City, give exact	
UNDERLYING & OR CONTRIB-	Front of American Legion	\$C2 APRIL 101 N
UTING CAUSE OF DEATH. Street  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	122F. HOW DID INJURY OCCUR?	rost-Aberdeen, Fil
OF INJURY (APPROX.) 8-21-71 11:45 Pm WHILE AT NOT WORK	WHILE TO A 1 1 a god 1 - 1 si alsod in face	
23.  I certify that I held an Inquiry Inspection Aut		
	opsy X and that on this basis, death in my	
resulted from: Natural causes Accident Suicide	p-100	
ACTUAL X 1 17/10	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	9/10/71
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town,	or county) (State)
		revel.
BURTAL 13 Sept. 71 Rock Run Cem		DDRESS Md
CED 15 1071 Parel & Various M.A.		3 S. Parke St.
24 19 20 30		BERLIERN MARYLANI
VS 151-REV. 1/1/68		1



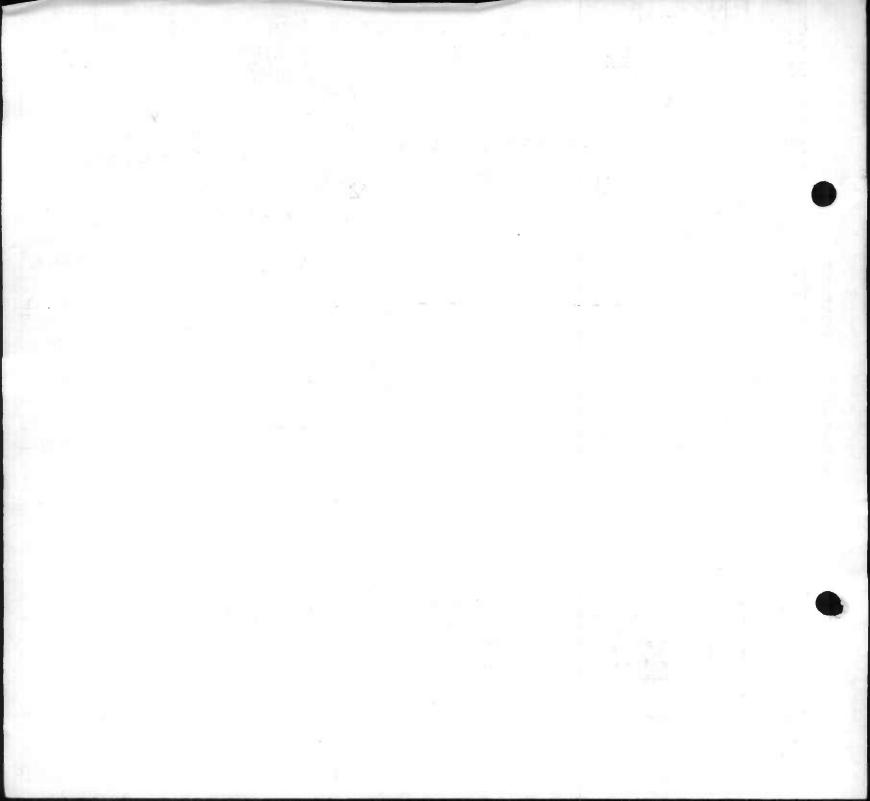
1	)					BALTIMORE CITY	HEALTH I	DEPARTMENT		74	2000
(	1-550	71	86	90		CERTIFICA	TE OF	DEATH	REG. NO	C ala	3630
	TH NO.										
	e or Print)	ASEU	. 1	1	0	0'16	In	2. DATE ANI	HOUR OF DEATH	1	6-33 A
3, 1	LACE IN BALT	IMORE MAR	YLAND, W	HERE PRO	NOUN	ICED DEAD	A. STATE	RESIDENCE (Where	Deceased lived 1	institution; re	sidence before admission)
		WF 1100					A. STATE	8. COUN			1201
HO	LL NAME OF		OR LOCA		וטווו	NON, GIVE STREET	C.CITY O	RIOWN	In IN	SIDE CITY LI	WILES.
INI	TITUTION						-	////	5 40	YES 🗗	NO
15							E. STREET	AND NUMBER	- 1		
_	MEX	2CV	No	500	17	DL	19	11. (	Homen	1_	5-4.
5. \$	EX	6. RACE	1	7. MARRI	Q3	NEVER MARRIED	8. DATE O	_ 11	ost birthday)	Il Under Months	TYr. I Under 24 Hrs.
	/-	W		WIDOW	ED	DIVORCED	10-0	27-1891	79		
	USUAL OCCU			10B, KIND	OF I	SUSINESS OR INDUSTRY	11. BIRTHP	LACE (State or forcing	n country!	12. CITIZ	EN OF WHAT COUNTRY?
5	Stenogr	apher		Gas	8	Electric C	Ba	lto. Md.		U	.S.A.
	FATHER'S NAM			D /		1		ER'S MAIDEN NAM	AE .		
	la l	(		1	5	Long.		134.6		_	
15. Yes	Was Decoased	Ever in U. S.	Armed For	s of service	0)	& SOCIAL SECURITY NO.	17. INFORM	MANT	/		ADDRESS
	No					212-05-496			C. O.W	Clama	nt St
-	18, 1 / /	/Y I				CAUSE OF DEAT	H Keg				APPROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DI	ECTLY			()	_	0 1 0		ETWEEN ONSET AND DEATH
	LEADING TO DEATH					KE C	orpetino	· lant to	line	don	
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or compilcation which caused death.)										
		ANTECEDENT					Da	0 0	0.	1	1.2. 0
				ana ata	t	(B)	A CONSEC	WENCE OF	ulline		week.
	DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)						Year				
		11				(0)		,			
NO	OTHER SIGNIF	CANT CONDI	TONS CO	NTRIBUTIN	IG						
ATION	TO THE DEAT	H BUT NOTREI ONDITION GIV	LATED TO T /EN IN PAR	HE TERMIN	AL						
ERTIFIC	19A.DATE OF	OPERATION	WAS PER	DITION PO	OR WI	HICH OPERATION	20A. A	UTOPSYI (Yes or No)	IN CERTIFYING C	FINDINGS AUSES OF D	CONSIDERED DEATH?
쁑	21 A. ACCIDEN	IT WAS UND	ERLYING		218, 2	LACE OF INJURY (e.g.,	n or obout 2	1C. WHERE DID	(II In Baltim	ore City, give	exact location)
CAL	OR CONTRIBU DEATH (notify	medical exam	SE OF Tined	1	home,	, farm, factory, street, o	lice bidg.	NJURT OCCUR?			
	21D. TIME	(Month) (Do	y) (Year)	(Hour)	21 E. 1	NJURY OCCURRED	2	IF. HOW DID INJU	JRY OCCUR?		
₹	OF INJURY				White						
	00 1 46	1 . 16/11.	1	N 41 1	Work	deceased from			^	0 /	7/ 10 7/
						deceased from	10	5	9to	1/1	19
	that (H) (we)				- 4		19_		it in (min (ant) of	inion deof	h occurred on the date
h :			uses sta	ed obove	D. (H)	(Me) (qiq) ( <del>qiq not</del> ) /	ilew the b	ody after death.			
	23A. SIGNATU	51	0 .	110	) 0	- )	- 41	u —	es a seed	238, DAT	ESIGNED
ı	Chounding   Affending   Med.   Stoff   9   11   7 (										
	23C. PHYSICIA NAME (T	N'S	1		1,	/-	23D. ADDR	ESS			
		Cla	udí.	25 k	1	IMT DEGREE	M	ERGY	HUSP	1/4	_
24/	REMOVAL		DATE	240	.NA	ME of CEMETERY of CR	EMATORY	24D. LC	CATION (	City, town, o	r county) (State)
	Burial		9/15	/71 N	lew	Cathedral			d Frederi	ck Rd	.Balto.Md.
25/	A, DATE REC'D	BY HEALTH	DEPT.	25B. NAA	AE OF	REGISTRAR		UNERAL DIRECTOR	beal Hees	7276	ADDRESS S. ChanlesSt
	SEP 15	11/2	Visiting	F: 40	U.	198 Pt () ()	O KI	ause Tuni	eral Home	1210	S.CharlesSt
VS	150-REV. 1/1/	68									



$\mathbb{L}$	7/ 074 94 0003	Y HEALTH DEPARTMENT REG. NO.
	NAME OF DECEASED	ATE OF DEATH
	MUSTOR E. HERBERT	2. DATE AND HOUR OF DEATH.  9:13-71 3.16 A
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY  B. COUNTY
FU H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ĺ,	THE UNION MERCKIAL	E. STREET AND NUMBER  VES NO   O
Z	4 HOSPITAL	1702 LANGLEY KOAD 2/221
1	MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH  8. AGE (In years lost birthday)  9. AGE (In years Months; Doys Hours; Min.
dor	LUSUAL OCCUPATION (Give kind of work 108, KIND OF, BUSINESS OR INDUSTRY aduring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTS
12	lool + Uye Maker Martins Hircraft	Virginia U.S.A.
130	FATHER'S NAME	14. MOTHER'S MAJOEN NAME
15.	ANTHOND MUSTOE  Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	EDNA EGGLESTONI  17. INFORMANT  ADDRESS
(Ye	s, np of unknown) (If yes, give war or dates of service)  SECURITY NO.  218-12-214	Mrs Aletha Mustoe Same
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CAL	JSE
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.]	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	VICE OBSTRUCTIUE LUNG
	DISEASES OR CONDITIONS, if any, giving tise in the above couse (A) stating the	A CONSEQUENCE OF:  DISKUSSE
	UNDERLYING CONDITION lost, (C)	DISSESSE
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFICATION	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of DEATH (notify medical examiner)	n or about 21C. WHERE DID (If In Soltimore City, give exact location) ffice bldg., INJURY OCCUR?
MEDICAL	21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	(APPROX.) While At Not While At Work	° 🗆
	22. I certify that (I) (this hospital) attended the deceased from	8-27 19 7/10 9 - 13 19 7/
	that (1) (we) last saw the deceased alive on 9-13-	19.7/and that In(my) (aur) opinion death occurred on the da
	and hour and from the causes stated above. (1) (We) (did) (did not) v	
	December Phys	anding Med. Staff 9-/3-71
	123C. PHYSICIAN'S NAME (Type) IOSE PAZ	TAR UNION MENONIBL 1/03/1006
244	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY of CRE	
	Burial 16Sept 71 Lorraine	Park Cem. Baltimore, Md.
254	SEP 16 97 January 2 North No. 1	25C. FUNERAL DIRECTOR ADDRESS
VS	150-REV. 1/1/68	William Into Marca Home Into. M
		of volucery, spender



BALTIMORE CITY	HEALTH DEPARTMENT	
DIAM TO.	TE OF DEATH REG. NO.	8692
1. NAME OF DECEASED.  IType or Print! Kane, Lewis F	2. DATE AND HOUR OF DEATH	1150 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE 1Where deceased lived. If institution:	residence before admission!
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	C. CITY OR TOWN: D. INSIDE CITY	27/4 LIMITS?
14/10 1 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Balto YES D	NO D
Menion Remorial Hospital	Roland - Heights Ave	1142
5. SEX   6. RACE   7. MARRIED NEVER MARRIED	I for D. a. Hank Marketter 1 Advantage	er 1 Yr. If Under 24 Hrs.
WIDOWED DIVORCED	32 106 68	Duys Hubis
IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during mag of working life, even if refired)	11. BIRTHFLACE  State or foreign country  12. C/7	ZEN OF WHAT COUNTRY?
Supply Clerk Md. Cansualty Co.	ma.	-SA-
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
James Kane	Meeks, Marthe	Salue
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)   If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT	ADDRESS
No 216-05-7870	Mrs. Evelyn Kane 1142 Rol	and Hgts.11
18. CAUSE OF DEATH	ucute material myocard.	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	infaction.	3 days
1This does not man the mode of dying, e.g., (A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	
heart faiture, osthenia, etc. it means the disease, injury or complication which coused death.]		1100 -
ANTECEDENT CAUSES	touce lung disease	geous
DISEASES OR CONDITIONS, if only, giving DUE TO, OR AS	A CONSEQUENCE OF:	at the said
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	CHF	mouth - yrg
	7	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OF CONDITION GIVEN IN PART 1 (A).	120 A	000000000000000000000000000000000000000
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING (1) 21A. PLACE OF INJURY COLUMN	20A AUTOPSYTYTES OF No. 20B, IF YES, WERE FINDINGS IN CERTIFTING CAUSES OF	DEATH?
OR CONTRIBUTING   CAUSE OF home, form, fectory, street, of	or obout 21C. WHERE DID (If In Boltimore City, give bldg. INJURY OCCUR?	exoct location)
DEATH (notify medical examined)		
21D.TIME IMonth) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While At I Not While	21F. HOW DID INJURY OCCUR?	
A PPROX.)   While At   Not While At Work		
22. I certify that (1) (this hospital) ottended the deceased from	7/3 19 1 to 3/4	19 (
that (1)(we) lost sow the deceased alive on	19ond that in(my) (our) opinion dea	th occurred on the date
ond hour and from the couses stated above. (1) (We) (did not) vi	tana da	
23A, SIGNATURE	lew the body diter deoth.	
	23 B, DA	
eliable fuzelia lus pegres Phys.	nding Med. Shaff D	TE SIGNED 71
eliase fazela les DEGREE Phys.  23C. PHISICIAN'S NAME IType!  E. FAZEKAS M.D.	23 B. DA	
Charletarelle ULS DEGREE Phys.  23C. PHISICIAN'S NAME IType!  Phys. Degree Phys.  24A. BURIAL GREMATION, 124B, DATE 124C, NAME of CEMETERT OF CREE	nding Med. Stoff 23B. DA	(4)71
Physician's NAME IType!  24A. BURIAL GREMATION, 24B. DATE  REMOVAL ISpecify!  24A. DATE  24C. NAME of CEMETERT of CREE	MATORY 24D. LOCATION (City, town,	or county) (Stote)
Physician's NAME IType!  24A. BURIAL CREMATION, 24B. DATE  REMOVAL ISpecify!  24A. DATE  24C. NAME OF CEMETERT OF CREE	MATORY  Med. Director Phys  Shoff Phys  23 B. DA  Phys  City, town, or	or county) (Stole)
eliase fuzelia lus pegres Phys.  23C.PHISICIAN'S NAME IType)  E. FAZEKAS M.D.  24A. BURIAL CREMATION, 124B. DATE REMOVAL ISpecify!  Burial 9/17/71 Gardens of Fai	Med. Director Stoff Stof	or county) (Stole)



VS 151-REV. 1/1/68

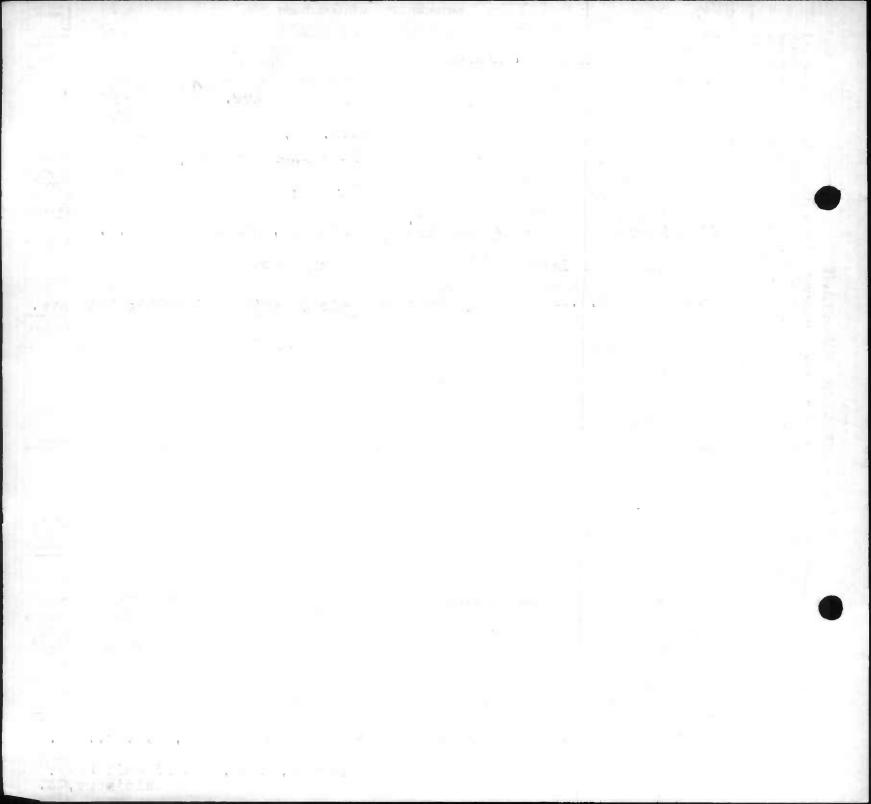
	EALTH DEPARTMENT	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG.	NO. 74 8693
1. NAME OF DECEASED	2. DATE Known Month Doy	Year Hour
Paul Finkelstein	DEATH Estimoted LJ 9 14	71 3:52 A. <sub>M.</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Month Doy	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	9 14	М.
ERTIFICATE HOSPITAL NDED	5. USUAL RESIDENCE (Where deceased lived. If Ins A. STATE Maryland B. COU	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INS	DE CITY LIMITS?
Male White WIDOWED □ DIVORCED □	Baltimore	YES NO NO
9. DATE OF BIRTH 10. AGE (In years   # Under 1 Yr. II Under 24 Hrs Months; Days & Hours ; Min.	E. STREET AND NUMBER	
april 6, 1705 66	6410 Elray Drive	
11. ERTHPLACE (Stote on foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
11/0/	Warres W.	
14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	13essel	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS
19. CAUSE OF DEL	111) / NOS) Ken	APPROXIMATE INTERVAL
19. E88/XI CAUSE OF DEA	ATH V	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	0	
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)IMMEDIATE (This does not mean the mode of dying, e.g.,	CAUSE Craniocerebral injurie	.s
heart foilure, osthenta, etc. It means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (8)  DUE TO, OR	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes
228. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB. Comp., form, foctory, street, offi uting Cause of Death. Building	to bidg, etc.) INJURY OCCUR? Chase & Pleasant St	
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	. 22F. HOW DID INJURY OCCUR?	
(APPROX) O 30 71 WHILE AT CT NO	WORK Fell from ladder	
23.		
	utopsy 🗵 and that on this basis, death i	n my opinion
	de Homicide Undetermined man	ner 🔲
ACTUAL MILL III	Deputy CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	9-14-71
NAME (Type) Werner U. Spitz, M.D.  24A. BURIAL CREMATION,   248. DATE	or CREMATORY 24D. LOCATION (City	Acres of South
REMOYAL (Specify)	7 (d A+	, town, or county) (Stote)
254 DATE BECT DEVELOUE DESCRIPTION		IND
SEP 16 1971 Judges 458. TAME OF REOUTRAR	25C. FUNERAL DIRECTOR:	960 Reisterston

3/10/72 - Marriage record. Paul Finkelstein and Sadie Kolodner.
D.M. 6/25/1933. Folio: 102. Docket 1933.

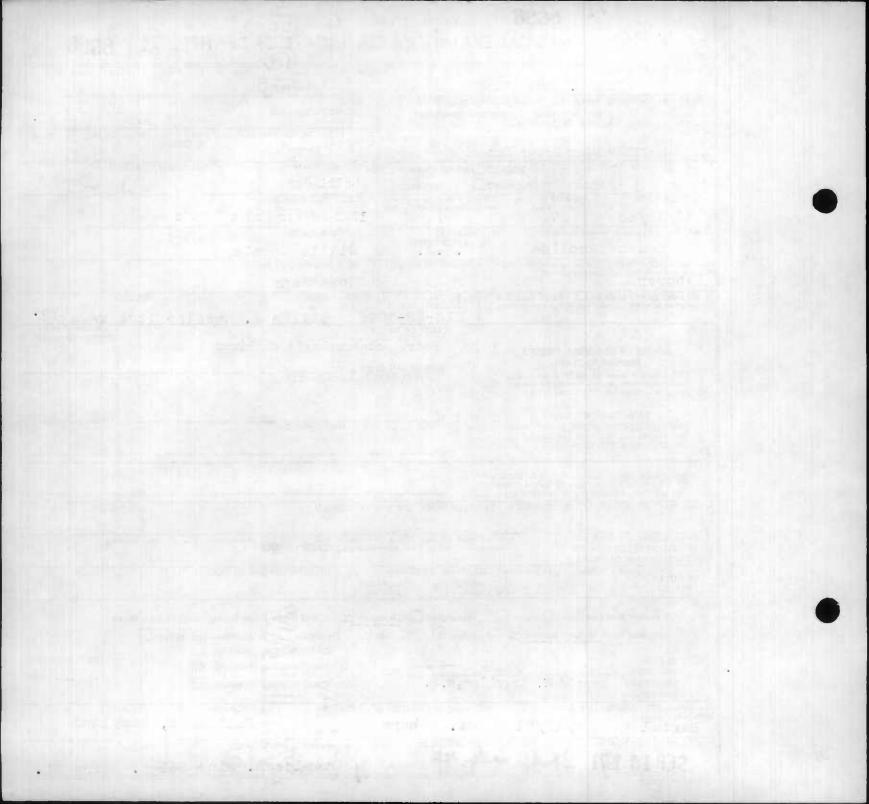
	RTH NO. CERTIFIC	CATE OF DEATH REG. NO. 71 8694							
(Ту	NAME OF DECEASED CHARLES J. CIOTTI, SR.	2. Date and hour of death $9/10/71$							
FEE	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  JIL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  DEDGEWOOD NURSING HOME	4. USUAL RESIDENCE (Where deceased lived. II institution; residence before admission MD.  C. CITY OR TOWN  BALTIMORE  E. STREET AND NUMBER  3601 GREENWAY							
	SEX MALE WHITE TO MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.							
1	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST A during most of working life, even if retired)  **NORTAGE BANKING (RET.)	11. BIRTHPLACE (Stote or foreign country)  BALTO • MD • 12. CITIZEN OF WHAT COUNTRY  USA							
	ANDREW CIOTTI	14. MOTHER'S MAIDEN NAME AGNES VINCENTI							
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service)  210-30-6	17. INFORMANT 587-MRS. MARGARET E. CIOTTI-Same							
NO	injury or complication which caused death.)  ANTECEDENT CAUSES	Parkinson is Direine 3 yr.  As a consequence of:  when Varintal Scheme 5 yr.							
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	In or obout 21 C. WHERE DID office bidg., INJURY OCCUR? [If In Boltimore City, give exact location]							
ME		21F. HOW DID INJURY OCCUR?							
	22. I certify that (I) (this hospital) attended the deceased from								
	23C. PHYSICIAN'S NAME (Type)  EARL CHAMBERS  BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C BURIAL  9/14/71  CATHEDRAL	REMATORY 24D. LOCATION (City, town, or county) (Stole)							
5 A	SEPETS 1974 DELT SEE MANGE SEPTIMES	OBJUSTED BABTO IIB.  OBJUSTED BABTO IIIB.  OBJUSTED BABTO IIIB.  OBJUSTED BABTO IIB.  OBJUSTED BABTO IIIB.  OBJUSTED BABTO IIIB.  OBJUSTED BABTO IIIB.  OBJUSTED BABTO IIIB.  OBJ							

AND THE PERSON 51 . . . . . and the Real Property and the second - A-197 G

	1	1			B	ALTIMORE CITY	HEALTH D	EPARTMENT	>	,			TEST
BIR	4-650 TH NO.	71	. 8	695	С	ERTIFICA	TE OF			REG. NO		8695	
	AME OF DEC	CH	ARLE	J	ARMIG	ER		9-1	1-71	UR OF DEATH			M.
3. (	LACE IN BALT	MORE MARY	LAND, W	HERE PRON	DUNCED I	DEAD	A. USUAL A. STATE	RESIDENCE (W B, CO	here dece	Anne	A 17131	ndel_Co	odmission)
FULL NAME OF GF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						3 /8		Aye	· Dail	SIDE CITY I	25	320	
	7						Brook	r. Pk.			YES	NO	7
-	,		,				E. STREET	AND NUMBER	1				
5	with Br	Limore	(sene	ral	HOC 1-	itah	ST	Four	teent	h Ave.			
5. \$	EX	6. RACE		7- MARRIE	NEVE	R MARRIED	& DATE OF		% AG	E (In years rthday)	If Und	Doys Hours	nder 24 Hrs.
L	m	W		WIDOWE		DIVORCED _		0-21		50			İ
don	during most of v	rorking life, even		108 KIND	OF BUSINES	Dept.	7					ZEN OF WHA	COUNTRY?
F	refig	hter		Balt	imore	Fire	Bal	timore,	Mar	ryland		U.S.	
13.	FATHER'S NAM	AE						R'S MAIDEN N					
		seph A	_					Mary Br	cown				
15. (Ye)	Wes Deceased Line of unknown) Yes	Ever in U. S. /	ar or date	os?	1 6. SOC	IAL URITY NO.	17. INFORM	ANT				ADDRESS	
	Yes	W.	W.II		212		+ Da	isey Ma	arie	Armige	er/31	8 14th	Ave.
	18. [ ] [	0.3			C	AUSE OF DEAT	<u> </u>					APPROXIMAT	EINTERVAL
		E OR CONDI		ECTLY		AS	Couracy artery ducaie YEARS.						
		LEADING TO		dutas as	. (				recy			721110	· .
	heart failure.	asthenia, etc.	It means	the diseas		DUE TO, OR AS							
		plication which		decar)		( ruse	male	ly word	vii G	eller o			
		Injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)  Pullunable last recurrent functions for the coused death.)  (E)  DUE 10, OR AS A CONSEQUENCE OF:  U, T. N. J. Juri Llaten.											
	rise to the		9	C)	T. n	D. file	ull	atein.					
		- 11											
ATION	OTHER SIGNIF TO THE DEAT DISEASE OR CO		ATED TO TH	IE TERMINA									
EXTIFIC/	19A. DATE OF	<b>OPERATION</b>		DITION FOI	WHICH C	PERATION	20A. AU	TOPSY! (Yes or	No) 208,	IF YES, WERE	FINDING	S CONSIDERED	
L CEN	21 A ACCIDEN	TING CAUS	RLYING E	2 h	ome, form,	OF INJURY (e.g., loctory, street, o	n or about 21 fice bldg., It	C. WHERE DID	2	(If In Boltime	ore City, gi	ve exact location	n)
CA	DEATH Inotify	medical exami	ned	6	લ								
MEDI	OF INJURY	(Month) [Doy	(Year)			OCCURRED  Not Whi	1	F. HOW DID	INJURY C	CCUR?			
~	(APPROX)				Volk At	At Work				2	-2	-10	
	22. I certify	that (1) (this	hospital	) attended	the dece	ased from	JU	Rej	19′	to	lla	rec.	19
	that (i) (we)	that (i) (we) last sow the deceased alive on											on the date
	ond hour and	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.											
	23A. SIGNATU	RE Y	1				/	40.1			238, DA	TE SIGNED	
	A. I Clevalt Attending Med. Director Phys. Staff Phys.										•		
	23C. PHYSICIA NAME (T	A. F. Cewald.  DEGREE Phys.   Med. Director   Phys.   9/11/71.  3C. PHYSICIAN'S NAME (Type) L. F. AWALT   23D. ADDRESS   SALTO. GEN'L. HOSP.											
24/	BURIAL CRE	MATION, 24B.	DATE	24C.	NAME of	DEGREE CEMETERY of CR	EMATORY	[24D	. LOCATI	ON (	City, town,	or county!	(Stotel
	Burial	opecify)	14/1	9710	Holy	Cross C	emete	ry G:	len 1	Burnie	A.A	.Co.,	Md.
25/	DATE REC'D	THE PARTY OF	<b>美玩多</b> 是	250 NAM	OF REGIS	TRAR	25C. FU	NERAL DIRECT		l. c. c. c		ADDRESS	
	DEL TA			7	e	0.0	Gep	rge J.	Gonc	e,4001	Rite	hie Hg	wy.
VS	150-REV. 1/1/	68									Bal	timore	, MCI .



11)-11	73	0,00		BALTIMORE CITY HE			1				
BIRTH NO.		MEDIC	AL	EXAMINER'S	CERTIF	ICATE OF	DEAT	H REG. NO	7 <u>1</u> 86	396	
1. NAME OF DEC	EASED JOHN	C. WHEE	ELER		2. DATE OF	Known	Month	Doy	Year	Hour	
4. PLACE IN BALT				NOUNCED DEAD UTION, GIVE STREET	3. DATE Month Day Yeor Hour September 14,1971 7:10 P.						
OR INSTITUTION		lar Grove			5. USUAL I	RESIDENCE (When	e dece osed l		ion: residence b	elore odmission)	
6. SEX	7. RACE			D NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Male	Negr		DOWE		D-11-i						
9. DATE OF BIRTH 12/12/	1	lost birthdoy)		Funder I Yr. II Under 24 Hrs. Lonths Days Hours Min.		AND NUMBER Poplar Gr	ove St	reet	152	NO 🗀	
11. BIRTHPLACE (Se	tote or lorely		t 2	CITIZEN OF WHAT COUNTRY?	13. FATHE	S'S NAME		Teer			
			KIND C		VIII	lie Whee	Ler				
done during most of w	orking lile, ev	en if rettred)		OF BUSINESS OR INDUSTRY	Ros	a Jane	me				
16. WAS DECEASE				IIT SOCIAL	18. INFOR	0 0.220			ADDRESS		
(Tes, no or unknown)	(II yes, give	wor or dotes of se	ervice)	SECURITY NO. 216-42-48	16	Willie J	Wille		7704 37	Ave.	
19. 6 7/	18.			CAUSE OF DEAT		MTTTT 0	- Wille	la Ler	API	CKAANA ROXIMATE INTERVA EEN ONSET AND DE	
(This does no heart foilure, tnjury or com	EADING TO at mean the asthenta, etc. plication whi	mode of dying, i. It means the dise ch coused death.)		(A) IMMEDIATE CODUE TO, OR A	AUSE	Ohosis of	liver			<b>307</b>	
DISEASES C	R CONDITION COND	CAUSES ONS, IF ANY, GIV USE (A) STATING ION LAST.	VING THE	(c)	AS A CONSE	QUENCE OF:					
DISEASE OR	TH BUT NOT CONDITION	II NDITIONS CONTI FRELATED TO THE GIVEN IN PART I	TERMIN.	AL							
1/2	OPERATION	N 20B. CONDIT	ION FO	OR WHICH OPERATION WA	S PERFOR!	MED			21. AUTO	SY? (Yes or No)	
22A. EXTERN UNDERLYING UTING CAL		TRIB-	ho ho	B. PLACE OF INJURY (e.g., me, farm, loctory, street, office	in or obout bldg., etc.)	22C, WHERE DID NURY OCCUR?	(If in Baltimo	re City, give e	exact location)		
OF INJURY (APPROX.)	Month) (D	Ooy) (Year)		WHILE AT WORK AT W	WHILE	22F. HOW DID IN	JURY OCC	UR?			
		eld an Inqui	ry 🗆	Inspection Aut	opsy 🛭	and that on the					
ACTUAL	ad from: N	otural causes		Accident Suicid		CHIEF MEDICAL E	EXAMINER	<b>C</b>		DATE SIGNED	
SIGNATU EXAMINE NAME (Ty	R'S Ro	nald N. F	Korn	blum, M.D.		STANT MEDICAL E			9,	15/71	
24A. BURIAL CREM REMOVAL (Specify Burial	ATION. 2	9/18/7	1	24C. NAME of CEMETERY of Mt. Auburn			LOCATION Balti		wn, or county) Maryl	(Stote)	
25A. DATE REC'D E	6 1971	DEPT. 25	B. NAA	ME OF REGISTRAR		FUNERAL DIRECTO			ADDRESS		
VS 151-REV. 1/1/68	0 10/1	8	1	1 4 1 0	1 4	harles, A	· KIC	9 001	W. Bai	rre St.	



	Y HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 74 8697
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
William Winslow	9/2/71 12:26 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY:
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Man land /70/
ILINSTITUTION	C. CITY OR JOWN D. INSIDE CITY LIMITS?
3 guniversity of Maryland Hospital	E. STREET AND NUMBER
	538 W. Mulberry St.
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Her
Male Black WIDOWED DIVORCED	11-27-91 lost birthdoy
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if religied)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
charteur (retried)	to Va Vis
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Winslow	Vn Known
15. Wes Deceased Ever in U. S. Armed Forces?   16. SOCIAL   (Yes, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO.	17. INFORMANT ADDRESS
no 578-12-3500	Naomi Barham 121 56th place SE. Wash, De
18. 5 9 9. 0 1 CAUSE OF DEATH	PERFORMALE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying e.g. (A) IMMEDIATE CAU	SE Cardiac Arrest
hearl failure, asthenia, etc. Il means the disease, injury ar complication which coused death.)	CONSEQUENCE OF:
ANTECEDENT CAUSES	treemia 24 hrs.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
nise to the obove cause (A) stating the UNDERLYING CONDITION last, (C).	Upingin trait insection
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL IN DISEASE OR CONDITION GIVEN IN PART 1 (A)	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	1400
19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If In Boltimore City, give exact facation)
DEATH (notify medical examine) home, form, factory, street, off	ice bldg., INJURY OCCUR?
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)  While At Not While At Work  At Work	
22. I certify that (I) (this hospital) attended the deceased fram	87:
that (I) (we) lost sow the deceased alive on 9/12	19 71 ond that in(my) (our) opinion death occurred an the date
and hour and from the causes stated above. (I) (We) (dld) (did not) vi	ew the bady after death.
23A. SIGNATURE	23B DATE SIGNED
What & Dreinspan MD. DEGREE Phys.	ding Med. Stoff Phys. 9/12/7/
NAME (Type)	3D. ADDRESS
Robert E. Greenspan; M.D. DEGREE	829 Hollins ST. Baltomore, Md. 21201
REMOVAL (Specify) 248. DATE 24C. NAME OF CREATERY OF CREATERY	MATORY 24D. LOCATION (City, town, or county) (State)
	ial Cemetery Maryland in Oc
SFP 1.6 1971 (258. NAME OF REGISTRAR COLORS	25C. FUNERAL DIRECTOR SILLUTION RESS ILL
VS 150-REV, 1/1/68	Stewart Funeral Home-4001 Benning Rd

Information Sex & Race By Phone. Dr. Greenspan. University Hospital

-	P-411	BALTIMORE CIT	HEALTH DEPARTMENT		/1 8698				
	RTH NO. 71 8698	CERTIFICA	TE OF DEATH	REG. NO.					
(Ту	pe or Print) Mr. LEO	PHILLIPS	Sept	13 1971	3. KD bun				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE IW	here deceased lived. If inst	itution: residence before admissioni				
FL	ILL NAME OF (IF NOT IN HOSPITAL OR IN SOMETAL OR IN ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	Maryland 30/						
+	BALTIMORE CITY HOS.	PITALS	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES V NO NO						
1/	4940 Eastern Avenue Baltin		E. STREET AND NUMBER						
11—		212241		RING COUR	21231				
	Male White WIDOW	WED XX DIVORCED	8. DATE OF BIRTH 7-7-07	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
11.	LUSUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?				
			Maryland		U.S.A.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME					
11	Carlos THOMAS PHILL	1195	Elizabeth						
15. (Ye	Was Deceased Ever in U.S. Armed Forces? s,no or unknown) (If yes, give wor ar dotes of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Eastern	Avenuedress				
	No	216-12-0935	- BCH: Records	Baltimore, Ma	ryland 21224				
	18.5/9.31	CAUSE OF DEATH			APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CARNIA Live	1					
LEADING TO DEATH  (A) IMMEDIATE CAUSE CADIO TOLING WARY AREST ONE TO THE disease, injury or complication which coused death,)  (A) IMMEDIATE CAUSE CADIO TOLING WARY AREST ONE TO THE DUE TO, OR AS A CONSEQUENCE OF:									
	ANTECEDENT CAUSES	DEPLA	REVIT Pour de	INDV ENRY	10.				
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	RENT PULMO. A CONSEQUENCE OF:	NIGHT ENDOX	(30)				
	rise to the above couse (A) stoling UNDERLYING CONDITION lost.	the A	UCTIVE LUNG	2 DISEASE	***************************************				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG							
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL							
CERTIFICATION	198. CONDITION   198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A AUTOPSY? (Yes or NO	10) 208, IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?				
MEDICAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, aff etc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location)				
000	21 D. TIME (Month) (Doy) (Year (Hous) OF INJURY	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?					
8	(APPROX)	While At Work Not While							
	22. I certify that 46 (this hospital) attende	Α	49 / 17	197 10	1/13 107/				
	that AL (we) lost sow the deceased alive			- · · · · · · · · · · · · · · · · · · ·	on deoth occurred an the date				
	and hour and from the causes stated abave. (1) (We) (did) (did) view the bady after death.								
	23A. SIGNATURE  Attending Med. Director Phys.  23B. DATE SIGNED  23B. DATE SIGNED  13 1971								
	23C. PHYSICIAN'S A. HAKAR		SALTIMORE	astern Avenue	Baltimore, Marylan 21224				

DEGREE

24C. NAME of CEMETERY OF CREMATORY

25B NAME OF REGISTRAR

1971 Pagas

BURIAL CREMATION, REMOVAL (Specify)

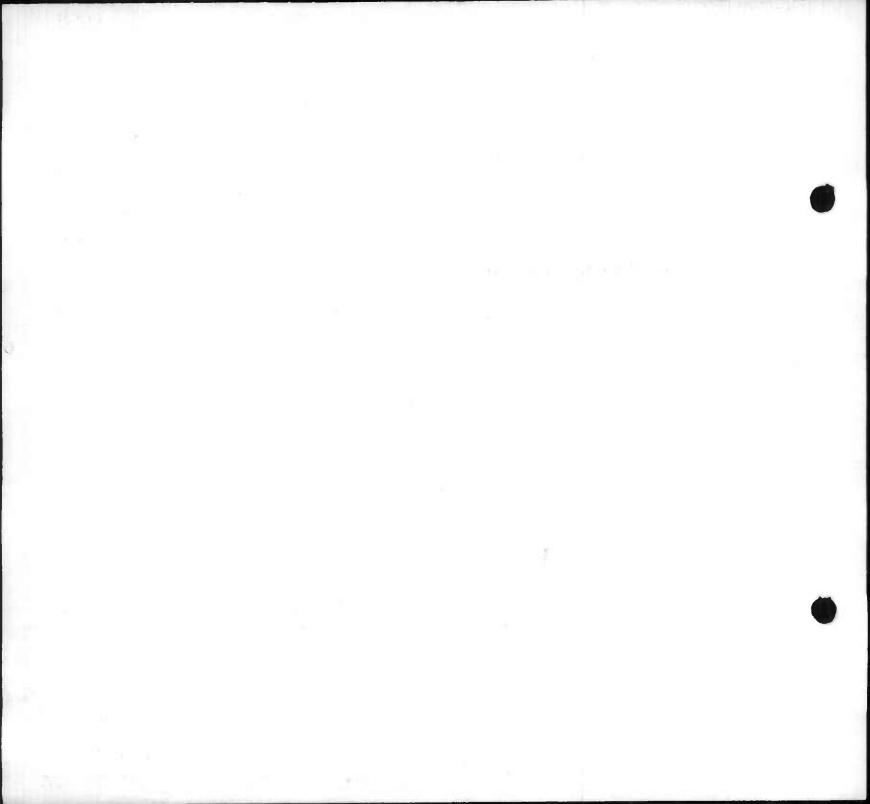
VS 150-REV. 1/1/68

24D. LOCATION

(City, town, or county)

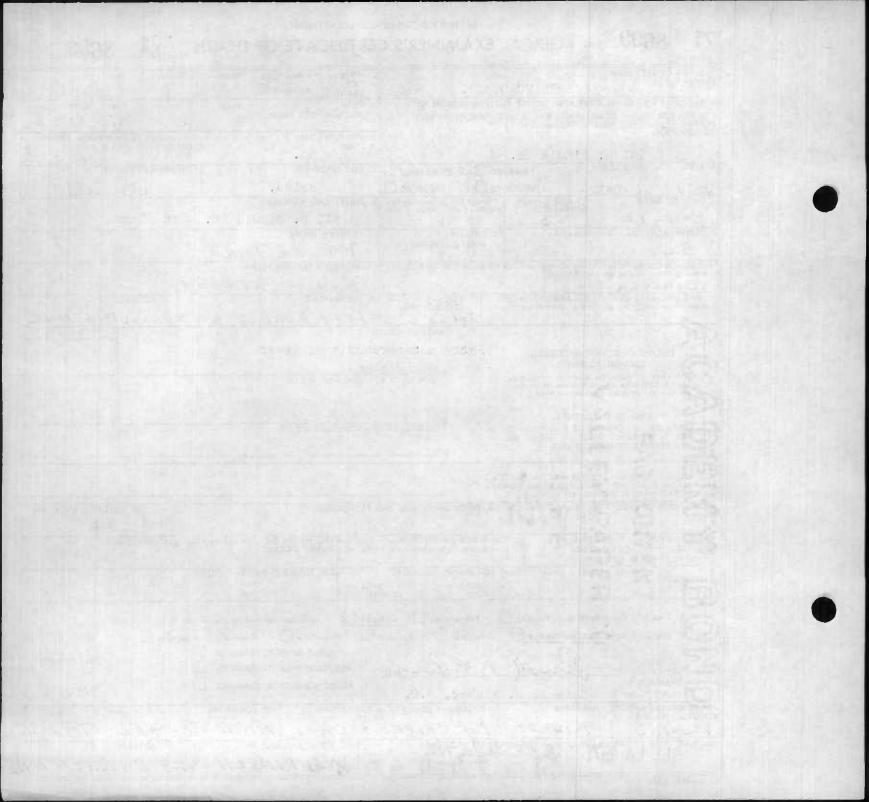
(Stole)

25C. FUNERAL DIRECTOR



1 F630

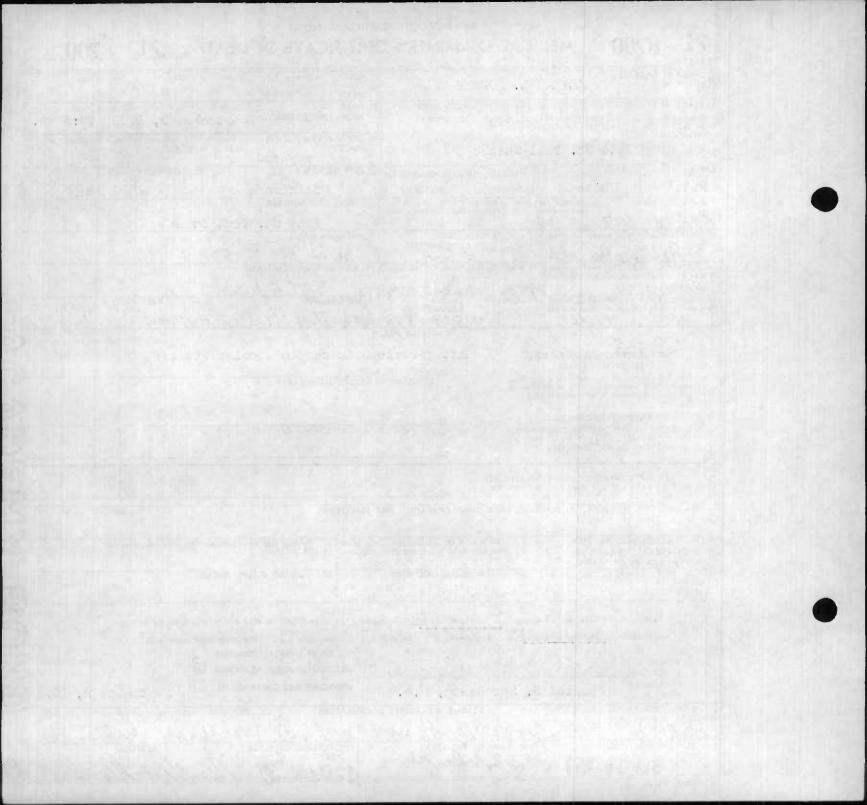
71. 8699 BIRTH NC.	MEDIC	CAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO	1 8699
I. NAME OF DECEASED					
(Type or Print)	TAMES F	ORD, JR.	OF Estimoted	Month Doy	Yeor Hnur
4. PLACE IN BALTIMORE,	MARYLAND, WHE	RE PRONOUNCED DEAD	3. DATE	Month Doy	Yeor Hour
FULL NAME OF (IF		R INSTITUTION, GIVE STREET	PRONOUNCED DEAD	9 13	1971 8:55 a "
00 942 E	. Biddle S	t.	5. USUAL RESIDENCE (Where of A. STATE Md.	eceased lived. If institution B. COUNTY	on: residence before odmission)
6. SEX 7. RAC	E B. ,	MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE C	CITY LIMITS?
male ne		DOWED DIVORCED	Balto.		res 🖾 No 🗌
9. DATE OF BIRTH 9-11-12	10.AGE (In year last birthdoy)	If Under 1 Yr. If Under 24 Hr Months; Doys : Hours : Mi	942 E. Biddl		
SIC		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		
IAA IISIIAI OCCUPATIONI	Give kind of work 14B.	KIND OF BUSINESS OF INDUST	RY 15. MOTHER'S MAIDEN NAMI	ORD	
LABORER	e, even il retired)			11050N	
16. WAS DECEASED EVER Yes, no or unknawn)(If yes, g	IN U.S. ARMED FO	RCES? 17. SOCIAL SECURITY NO.	18. INFORMANT	A	DDRESS
		217-05-630	ST LEON FORD :	3322 SPA	ULDING AVE
(This does not mean heart failure, asthenio injury or complication  ANTECEDE DISEASES OF CONT	, etc. It means the dise which coused death.)  NT CAUSES DITIONS IF ANY CIV	(A) IMMEDIATE DUE TO, Of	orphosis of liver		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
UNDERLYING CON	DITION LAST.	THE (C)	A SONSEQUENCE OF:		
OTHER SIGNIFICANT TO THE DEATH BUT I DISEASE OR CONDITI	NOT RELATED TO THE	TERMINAL			
20A. DATE OF OPERAT		ON FOR WHICH OPERATION I	VAS PERFORMED		21. AUTOPSY? (Yes or No)
0 2	38 NEW W				ves
22A. EXTERNAL CAU		22B. PLACE OF INJURY (e.g.	, in or about 22C, WHERE DID (if ice bldg., etc.) INJURY OCCUR?	in Boltimore City, give ex	
UTING CAUSE OF	DEATH.				
22D. TIME (Manth) OF INJURY (APPROX.)	(Doy) (Year)	(Hour) 22E.INJURY OCCURRED WHILE AT NO WORK AT	T WHILE WORK	RY OCCUR?	
23.	I held an Inqui	ry Inspection A	utopsy and that an this	basis, death in my	cololan
resulted fram	Natural causes			determined manner	
	0		CHIEF MEDICAL EXA		
ACTUAL SIGNATURE	Ocuss	Q Stuber M	ASSISTANT MEDICAL EXA	=	DATE SIGNED
EXAMINER'S NAME (Type)	Russell	S. Fisher, M.D.	ASSOCIATE MEDICAL EXA		9/13/71
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D. LO	CATION (City, town	n, or county) (State)
TSUKIAL	9-16-7	1 M. CALVA	RY CEM AN	NE ARUNU	DEL CTY MD.
SEP 16	Page &	BENAME OF REGISTIAR	25C. FUNERAL DIRECTOR	A	E NORTH AV
/S 151-REV. 1/1/68					



D620

MEDICAL	EXAMINER'S CERTIFICATE OF DEATH	

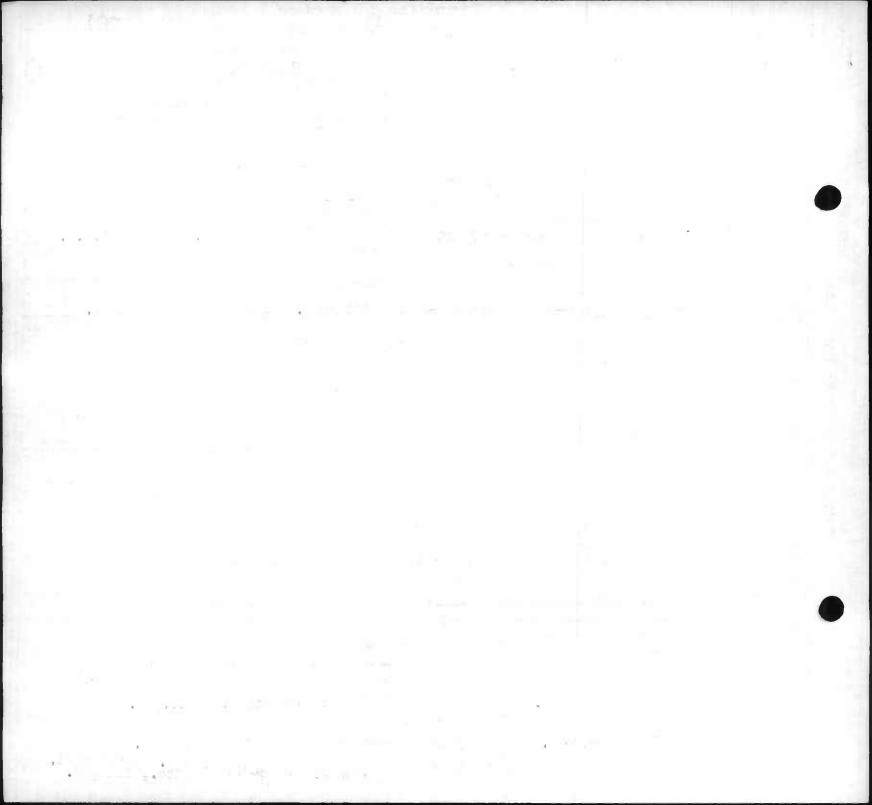
71 0"	200	MEDIC	AL E	A MAINIED'S			DEAT	Li Physical Company		200
BIRTH NO.	700	MEDIC	JAL E	KAMINER'S	CEKTIFI	CATE OF	DEAT	REG. NO.	1 8	1700
1. NAME OF DEC	CEASED	ALFRED :	L. DOR	SEY	2. DATE OF DEATH	Known   Estimoted	Month	Doy	Yeor	Hnur M.
4. PLACE IN BAL					3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRE	SS OR LOCATIO	N)	ON, GIVE STREET				mber 9,		10:50 A.
00		St. Paul	Stree	t	A. STATE	Maryland		B. COUNTY	residence	206
6. SEX	7. RACE		MARRIED [	NEVER MARRIED	C. CITY OF			D. INSIDE CI	TY LIMITS?	
Male	Whit		IDOWED			Baltimor	e	YE	s 1	NO 🗆
AVE. 18	1907	10. AGE (In ye lost birthday)		nder 1 Yr. II Under 24 Hrs. hs; Doys Haurs Min.	E. SIKEEI	2414 St.	Paul S	Street		
11' BIRTHPLACE (S	tote or foreig	n country)		ITIZEN OF VHAJ COUNTRY?	13. FATHER	'S NAME	T N n			
Bahl	MORE	Md		U.S.A.	W	WHIAM I	F. DORS	SEY		
dane during most of w	varking life, ev	en if rejired)	KIND OF	BUSINESS OR INDUSTR	Y 15. MOTH	R'S MAIDEN NA	(ME			
HANGY N 16. WAS DECEAS	PAN EVER IN	US APMED EC	PORET	DIVERAL HOME	18. INFOR	SAGIE	KING	Ar	DDECCI	== 13.7
(Yes, no ar unknown)				SECURITY NO.	Mal	T. IN	D. Dr.	AL	BALL	IMORE, Md.
19.	1 140	7/		CAUSÉ OF DÉA	1/////////////////////////////////////	SION VY.	DONSI	-V.5710	VYO	OCCRES! HVE
7/0	5 00 50010	MON DIRECTI	v	Arterioscl		o ordi orrog	out on	dianan	BET	WEEN ONSET AND DEATH
	LEADING TO	ITION DIRECTL' DEATH	1	(A)IMMEDIATE		cardiovas	culai (	irsease		
(This does n	of meon the	mode of dylng, It means the dis	e.g.,		AS A CONSEC	UENCE OF:		•		
injury or con	nplicotton which	h coused death.)								
	NIECEDENT			(B)						
DISEASES O	DR CONDITION	DNS, IF ANY, GI USE (A) STATING	IVING G THE	(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
I IINDERIVIN	4G CONDITI	ON LAST.		(c)						
OTHER SIGN		II	TRIBLITING							
O TO THE DEA	ATH BUT NOT	IDITIONS CON' RELATED TO THE GIVEN IN PART	TERMINAL							
20A. DATE OF				WHICH OPERATION W	AS PERFORM	MED			21. AUTO	OPSY? (Yes or No)
20										No
UNDERLYING UTING CA		TRIB-	22B. F home	LACE OF INJURY (e.g., form, foctory, street, affic	tn or obaut : e bldg., etc.) I	22C. WHERE DID NJURY OCCUR?	(If in Salttmon	re City, give exo	ct location)	
≥ 22D. TIME		oy) (Year)	(Hour) 2	E. INJURY OCCURRED		22F. HOW DID IN	NJURY OCCU	JR?		
OF INJURY (APPROX.)				HILE AT NOT	WHILE ORK					
23.										
	ify that I he		_	-	tapsy 📙			death in my	_	
result	red from: N	aturol causes	A	cident Suicio		omicide CHIEF MEDICAL		ned monner L	_	
ACTUAL	1 1/1	11/2	10	In all	-	STANT MEDICAL		X		DATE SIGNED
SIGNATI	FDIC	1005		M.D		CIATE MEDICAL				
NAME (T	ype) Gr			ngate, M.D.			CAMMINER	Sep	tembe	r 9, 1971
24A. BURIAL CREA	MATION, 2	48. DATE	240	NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, lown	or county	(State)
BURIA	W S	EP1.13.	1971	WoodhAW	N CEN	1ETERY	Wood	LAWN	RAL	Tin Md
25A. DATE REC'D	BY HEALTH	DEPT. /2	SB. NAME	OF REGISTRAR	25C.	FUNERAL DIRECT	TOR	1 AS	DRESS	100
SE	P16	1971 14	See E	Taiben The	2 85	mid &	1. 110	well	1.00	milles W
VS 151-REV. 1/1/68	3				- /		1 1012	The state of	as las	140



FUNERAL DIRECTOR: IMPORTANT

this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such owritten approval must be obtained before the remains are embalmed or final disposition is made.

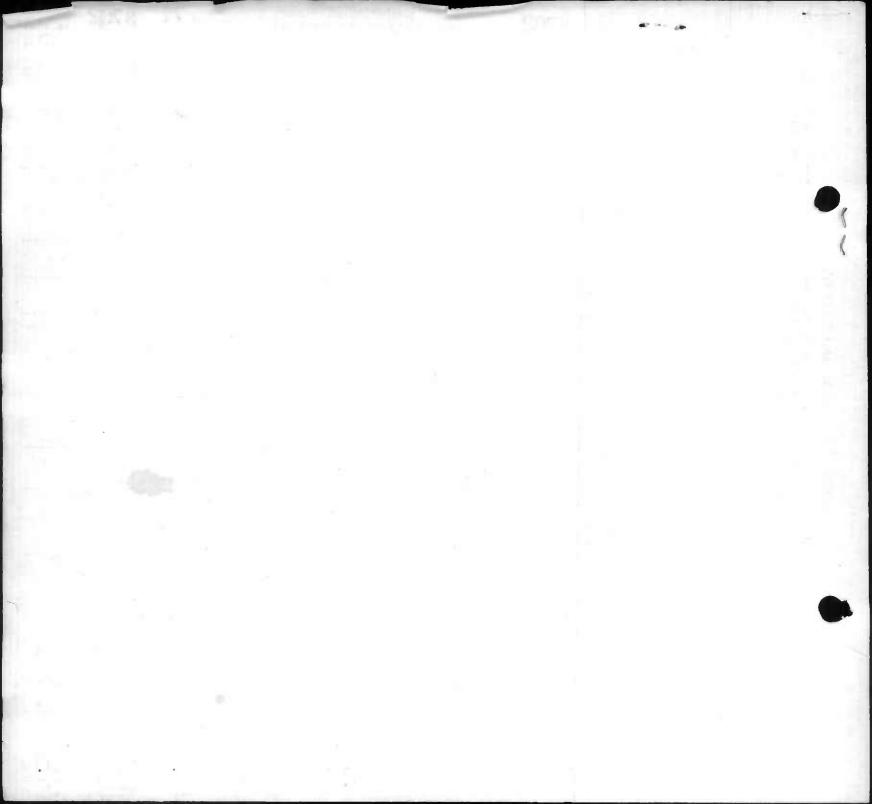
			BALTIMORE CITY	HEALTH DEPART	TMENT \	,		
BIRTH NO. 71	8701		CERTIFICA	TE OF DE	ATH 🗡	REG. NO	71 8	3701
1. NAME OF DECE		RET J.	HARRIS	2	9 15	OUR OF DEATH		3:40 Am
3. PLACE IN BALTI	MORE MARTLAND, W		UNCED DEAD	4. USUAL RESIDE	B. COUNTY	eceased lived. Il i	nstitution; res	sidence belore admission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Md		Worce	ster	1300
HDSMTAL OR	ADDRESS OR LOCA	A IION)		C. CITY OR TOWN	moke	D. IN:	SIDE CITY LIN	
27				E. STREET AND N			YES	ио []
	MERCY HOS	SPITAL			Box 12			
5. SEX	S. RACE	7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. /	GE (In years	If Under	1 Ye , Il Under 24 Hrs.
Fem	White	WIDOWED		8-11-23	lost	birthdoy)	Months	Days Haurs Min.
		108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE IS	itate or foreign	country)	12. CITIZI	EN OF WHAT COUNTRY
Operat	orking life, even <b>If</b> refired)	Crown-	Corkand Seal	Balti	more	.Md.		U.S.A.
13. FATHER'S NAM		OT OWIT	JOILAIN JOAL	14 MOTHER'S M		- March		U.J.A.
	Joseph Ho	rvath		August	a Marash	CA.		
15. Wee Deceased I	ver in U. S. Armed For If yes, give war ar date	cesi a of servicel	SECURITY NO.	17. INFORMANT			-	ADDRESS
No		_	213-20-0230	William I	R. Harri	ie		Same.
18. 5 3	1.01		CAUSE OF DEATH	1	o man -	- 80		APPROXIMATE INTERVAL
	OR CONDITION DI	RECTLY	Wanatia	failure w	sth C T	hlandina	1	ETWEEN ONSET AND DEATH
	EADING TO DEATH	dulan an	(A) IMMEDIATE CAU	SE		preeding	111	
heart failure, a	t mean the mode of sthenia, etc. It means	the disease	DUE TO, OR AS	A CONSEQUENCE C	OF:			
	lication which caused			Gastric U	Teer			
	NTECEDENT CAUSES		(B)	A CONSEQUENCE				
rise to the	above cause (A)			A CONSEQUENCE	Or:			
UNDERLYING	CONDITION last.		(c)					
Z OTHER SIGNIEV	II CANT CONDITIONS CO	AITDIDICTING						
E TO THE DEATH	BUT NOT RELATED TO T	HE TERMINAL						
U 19A. DATE OF	PERATION 198 CON	DITION FOR		20A. AUTOPSY	(Yes or No) 2	OR IF YES WERE	FINDINGS	CONSIDERED
18/23		Y-	sutric UICE			O. C.	TOSES OF D	EKINI
OR CONTRIBUT	ING CAUSE OF	21 ho	B. PLACE OF INJURY lead, in ma, form, foctory, street, of	fice bidg, INJURY	ERE DID DCCU K?	(II In Baltimo	re City, give	exact lacation)
O I	medical examined	oto	N	)	NO			
OF INJURY	(Month) (Doy) (Year)				W DID INJURY	OCCUR?		
(APPROX)	N2		hile At At Work	• 🗆	NO	4		-1
22. I certify t	hat (1) (this hospita	) attended	the deceased from	8/1.	19	to	1//	19_//
that (I) (we) I	ast sow the decease	d alive on.	9/14	19_7	and that !	n(my) (our) op	Inion death	h occurred on the dote
and hour and	from the causes sto	ted above	(1) (We) (did) (did not) v	lew the body aft	er death.			
23A. SIGNATUR	E 0.0	L 0	Can.				23B, DATE	SIGNED
9 de	rold V.	Kaple	DEGREE Phy	nding Med Dire	clor Phy		1 9//	5/71.
23C. PHYSICIAN NAME ITY	rs pel			23D. ADDRESS				
	HAROLD		PIAN DEGREE			l, Balt		
REMOVAL (Sp			IAME of CEMETERY of CRI	MATORY	24D. LOCA	ATION (C	City, town, or	county! (State)
Buria			Sunnyridge Ce			isfield,	Md.	
25A. DATE REC'D			OF REGISTRAPE M.D.	25C. FUNERAL	DIRECTOR	Po 901	S. Cor	kling St.
	3 P 16 197	1 Just	7	Last a He	a mi gu	Ba.	to.,21	1224, Md.



## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

-	1 1-0 1710	BALTIMORE CITY	HEALTH DEPARTMENT	174	Onno
0101	-450 71 8702	CERTIFICA	TE OF DEATH	REG. NO.	0/00
1. N.	AME OF DECEASED		2. DATE AND HO		
(Тур	e or Print FLYNN, BER	NARDJ.	911517	11 1 pm	F M.
3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY		residence before edmission)
FUI	LL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MARYLAND		1201
HO	SPITAL OR ADDRESS OR LOCATION)	\ 1	C, CITY OR TOWN	D. INSIDE CITY	LIMITS?
	Union Memorial Ho	latique	Baltimore	YES	NO [
	44		E. STREET AND NUMBER  35/3//EWL/A	WO Rd 91	2.18
5. S	EX 6. RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH 9. AG		nder 1 Ye il Under 24 Hrs.
	M WIDOW	ED DIVORCED	2-10-88	8.3	5
104	USUAL OCCUPATION (Give kind of work 10B, KIND adving most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co	unity) 12. C	ITIZEN OF WHAT COUNTRY?
U U		.aw	Maryland		W.S.A.
13. (	FATHER'S NAME		14 MOTHER'S MAIDEN NAME	•	
	BERNARD FLUN	INI	MARY ANI	V McGr	9NN
15.	Was Deceased Ever in U. S. Armed Farces? , no or unknown) [if yes, give war or dotes of service	L'SECURITY NO.	17. INFORMANT		ADDRESS
(100	^ /	= 214-38-3289	MRS. TERESA	B. FLYN	N (SAME
	18. 4 1 0 + 1 = XX 1 X	CAUSE OF DEAT			APPROXIMATE INTERVAL
	August on advertising planting	E PE	" Granchopneumon	7	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	TANMMEDIATE CAU	ISE CONCIDENT SPHE	tory Townsell	& Z days
	(This does not mean the mode of dying, a heart failure, asthenia, etc. it means the disease	DUE TO, OR AS	A CONSEQUENCE OF:	archin	
	injury or complication which caused death.)	A SCAD	E Cercloval Inf	)   A-	11 days
	ANTECEDENT CAUSES	(B) Cereb	and the control of	0000	11 days
	DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating	ING DUE TO, OR AS	A CONSEQUENCE OF:		14.
	UNDERLYING CONDITION lost	S Corase	insonianism		pro
	ll ll	A WEST	C1 11 1		
0 N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN	10 Dasal	Stull Fractus	re	St
3	DISEASE OR CONDITION GIVEN IN PART 1 (A).		1204 AUTOPSY2 (Ves or Nell 208	L IF YES, WERE FINDING	GS CONSIDERED
ERTIFIC	17A DATE OF OPERATION 19E CONDITION FO	OR WHICH OPERATION	20A AUTOPST? (Yes or No) 20B	CERTIFTING CAUSES O	P DEATH?
C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DIGAUSE OF	218 PLACE OF INJURY le.g., i	n or about 21 C. WHERE DID	(if in Bolilmore City,	pive exect location)
CAL	DEATH (notify medical examined	HOME		Holand Rd	Balt. M.D.
EDIC		21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR	PATIO
\$	(APPROX) 9/4/7/ 736	While At   Net While Work   Net Work	· A Fall	down on	the states
	22. I certify that (1) (this hospital) attende	d the deceased from 9	14/7/ 19_	10 9/15	/ ) / 19
	that (1) (we) last sow the deceased alive of	on 1245 9	//2019 7 / and that In	(my) (our) opinion de	eoth occurred on the dote
	and hour and from the couses stated above	. (1) (Wes (did ford not)	ilew the Mode after death.		
	23A. SIGNATURE	THE THE		23 B, D	ATE SIGNED
	Sikatal	\ //   Dha	ending Med. Staff	D 91	15/71
	23C. PHYSICIAM'S NAME ITypel	// UEGREE	23D. ADDRESS	- 0 : 1	LORPITA!
	Salah K	afach MD	DUION WEW	IORIAL t	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
24/	A. BURIAL CREMATION, 248. DATE 240 REMOVAL ISpecify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCAT	ION   City, town	n, or county) (Stote)
	Burial 9-18-71	New Cathedral		imore.	Md.
25/	A. DATE REC'D BY HEALTH DEPT. 258. NAA	ME OF REGISTRAR	25C, FUNERAL DIRECTOR		ADDRESS
	SEP 18 By Valent E. Va	Bez 190, 13 1	H.W. Jenkins S Baltomore	Mg 21243	05 York Rd.
VS	150-REV. 1/1/68 V 8 0 3				



the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician wha pranaunced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance an the deceased prior to death. Such written approval must be abtained befare the remains are embalmed or final dispositian is made. This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a hospital and

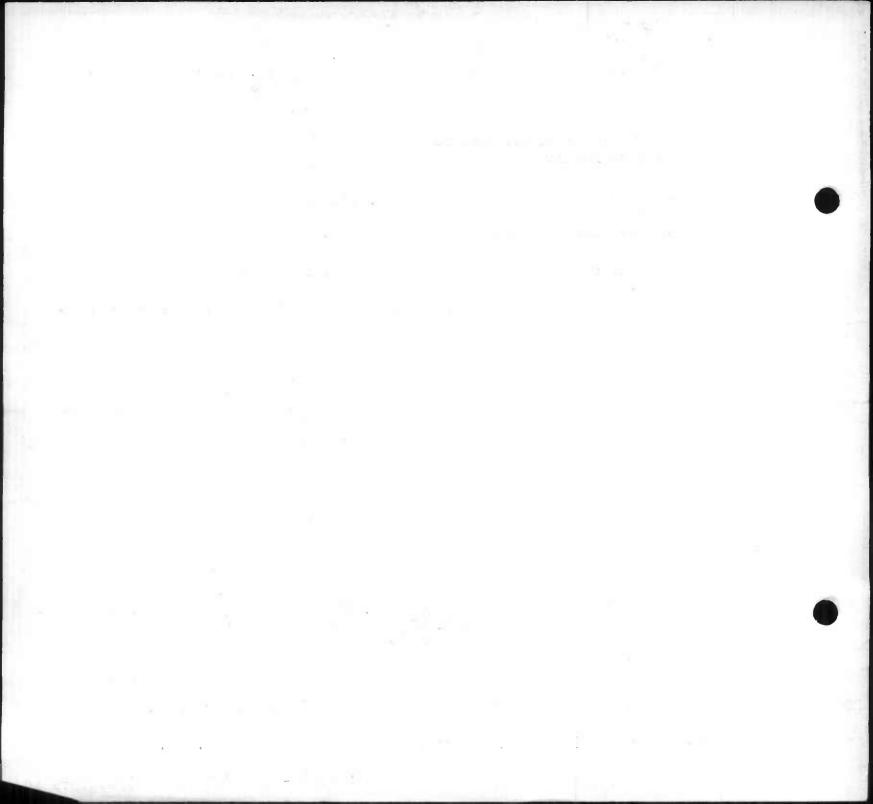
VS 150-REV. 1/1/68

	6-43	20 74 5	รวก3		HEALTH DEPARTMEN		NO. 71	8703
1	BIRTH NO.	/ 1	370-	CERTIFICA	TE OF DEAT	• •	140.	0700
	(Type or Print)	Francis	W. Gill			9/12/71	DEATH	1 10.20 Pm
	3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased liv	red. If institution:	residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md. c. city or town Baltimore	Balto.	D. INSIDE CITY	
	10				E. STREET AND NUME	BER	YES	МОП
	349 Homeland Southway				349 Home	land South	way	1
	5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	ors If Und	er 1 Yr. If Under 24 Hrs. Days Hours Min.
	Male	White	WIDOWED	DIVORCED DIVORCED BUSINESS OR INDUSTRY	Oct. 13,189	0 / 6		
	done during most of v Retired I	vorking lile, even if relired)	1	icine	Carbondal		1	SA
	13. FATHER'S NAM	-			14. MOTHER'S MAIDEN	INAME		
		Alexand		illis	Anna Bo	yle		
	15. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed For- (It yes, give war or date	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
				220 44 2454	Eileen W. G	illis	Sam	le
	18. 4//	2.31		CAUSE OF DEATH	1			APPROXIMATE INTERVAL
		E OR CONDITION DIS LEADING TO DEATH	ECTLY		0+.	1.0. +	- 16.	+ Eur
	(This does no	at mean the made al asthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	10	a prans	3 7 7 '
l	injury ar com	plication which coused	death.)	0.4	/	Luseane	, I	,
	1	NIECEDENT CAUSES		(B) Phrom	a Obstanie	tini Pa	Umony	3 gus.
	DISEASES O	R CONDITIONS, if above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	Dis	en 1.	4
	UNDERLYING	CONDITION last.	siding inc	(c) Em	sysema			Lyn,
	O THER SIGNIFIC	II CANT CONDITIONS CO	TRIBUTING	R. 10	Vanelal	8.0.		
	✓ IDISEASE OR CC	BUT NOT RELATED TO THE POLITION GIVEN IN PART	1 (A).	Occurry	Vuscur	scensi	7	
		OPERATION 198, CON	ORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes		WERE FINDINGS	CONSIDERED DEATH?
H	OR CONTRIBUT	T WAS UNDERLYING THING CAUSE OF medical examines	21 B. ham etc.)	PLACE OF INJURY (e.g., in e, lorm, lactory, street, olf	or obout 21 C. WHERE D	ID (II in	Baltimore City, glv	exact lacation)
	pass -	(Manthi (Dayl (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?		
	(APPROX.)		Whit	le At Not White			/	
	22. I certify t	hat (1) (this hospital)	attended th	e deceased from Min	7-11	19 <u>/ 5</u> to	9/1.	19_//
1	that (1) (we)	ast saw the decease	d alive an	9/10/71	19an	d that In (my) (an	m) apinian dea	th accurred on the date
			ed above. (I)	) ( <del>We)</del> (dld) (di <del>d not</del> ) vl	ew the body after dec	oth.		
	23A. SIGNATUR	I P Pla	1.	h.n Atten	ding Med.	Shoff	23 B. DAT	TE SIGNED
	23C. PHYSICIAN NAME (Ty	rs pel	nung	On Agegree Phys.	Director L	Phys.		112/1/
	ZAA. BURIAL CREM	MATION, 124B, DATE	1dm be	75 - Maroree	100-W. God	el Som	Ja. O	Batto - my
	Burial	ecilyl		ME of CEMETERY of CREA		D. LOCATION /	(City, town, o	/
	25A_DATE REC'D	9/15/71	New 258, NAME O	Cathedral Ceme	25C. FUNERAL DIREC	Frederick	Rd. Balt	The state of the s
	SEP 16 18	1 Valent E.	Janes !	0 0	Mitchell Wi	edefeld H	lome 6500	York Rd.

349- 30011.031 418 . See . The state of the 

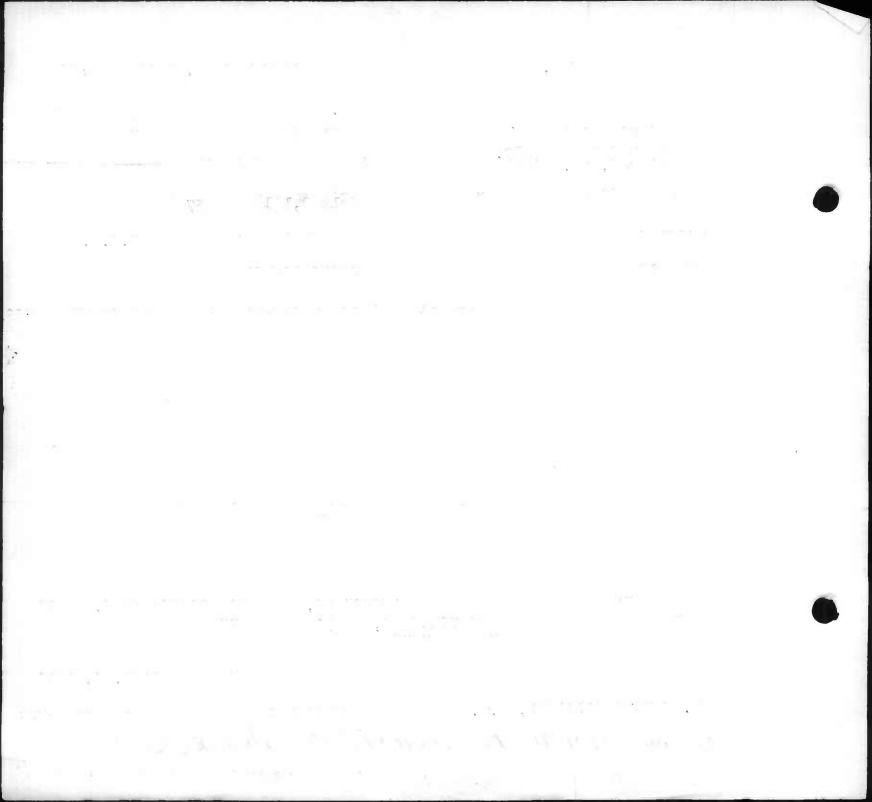
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		71 870	4		HEALTH DEPARTMENT	REG. NO.7	9704
1.1	RTH NO.	ASED		CERTIFICA		AND HOUR OF DEATH	2 0702
	Type or Print FERDINANO THOMAS				Se	pt. 13, 1971	3: 16 A M
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE IW	here deceased lived, if i	nstitution: residence before admission
H	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Md.	Ralto.	5 3 0 0
12		ic Health Se		ospital	Baltimore		YES NO 🔀
	3100 W	lyman Parkway	r		8206 Ya	rborough Road	1
5. :	SEX M	6- RACE W		X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr., Il Under 24 Hrs. Manths Doys Hours Min.
10/	USUAL OCCUI	PATION (Give kind of work	WIDOWED		. 9/21/09	61	
den	Vice P	resident	Bank		Md.	reign country.	USA
113.	FATHER'S NAM	_			14. MOTHER'S MAIDEN N		
15	-	Thomas	3		Anna Pet	ers <b>e</b> n	
(Ye	s, no or unknown) (	if yes, give wor or date	s of service)	16. SOCIAL SECURITY NO. 212-03-1557	Records US	PHS Hospital	Address L, Balto , Md.
	18. 25	8.91		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIS EADING TO DEATH	ECTLY		Ast Ros	it = El	
	This does not	meon the mode of sthenio, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU DUE TO, OR AS A	CONSEQUENCE OF:		lure serminal
	injury or camp	lication which caused	death.)	by m	alignant car	5 involver	2
		NTECEDENT CAUSES		(B) ACU	te broncho	MEU MOITE A	Recent
	rise to the	conditions, if above cause (A)	any, giving stating the	AA . 1 .	A CONSEQUENCE OF:	. 0	.2
	UNDERLYING	CONDITION last.		(c) (A 119	nant Cavo	Noid	3 years (1968)
ATION	I TO THE DEATH	II ANT CONDITIONS COI BUT NOT RELATED TO TH NDITION GIVEN IN PART	IF TERMINAL	***************************************			
RTIFIC	19A. DATE OF C	PERATION 198. CONI WAS PERF	ORMED	HICH OPERATION	20A. AUTOPSY? (Yes of I	10) 208. IP YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? YES
AL	21 A. A CCIDENT OR CONTRIBUTE DEATH Inotify m	WAS UNDERLYING DING CAUSE OF	21B, home etc.)	PLACE OF INJURY (e.g., In the form, foctory, street, offi	or obout 21 C. WHERE DID ce bldg. INJURY OCCUR?	(11 In Boltimar	e City, give exoct location)
	21 D. TIME (	Manth) [Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	(APPROX.)		Worl				
	22. I certify th	nat (I)/(this hospital)	attended th	e deceased from A1	ig. 26	19 71_to	Sept. 13 19 71
	that (I) (we) is	st saw the decease	dalive on	Sept 13	19 <u>71ond</u> t	hat in (n/y) (our) opin	nion death occurred an the date
	and hour and f	ram the causes state	ed abave. (I)	(We) (did) (d)d/n64) /vi	ew the bady ofter death		
	23A. SIGNATURE	Ck. Ung	let N	Alten Phys.	ding Med. Director	Stoff TX	9/13/71
	23 C. PHYSICIAN NAME (Type RODET	t R. Wright,	SA Sur	g (R)	D. ADDRESS	tal, Balto,	Md.
24A	REMOVAL (Spe	ecify)		ME of CEMETERY OF CREA		LOCATION (Cit	ly, town, or county) (Stote)
	crematic	on 9/13/7		eenmount Cre	ematory	Balto. Mo	d.
25A	DATE REC'D B	HEALTH DEPT.	25B. NAME OF	REGISTRAE	25C FUNERAL DIRECTO		ADDRESS
VS	SFP 16 150-REV. 1/1/68	1971 166848	E. Fabe	A.D.	Mitchell-W	iedefeld Ho	ome 6500 York



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0-500	71 85	70 <i>F</i>		Y HEALTH DEPARTMEN		74	OMOE
BIRTH NO.	/1 87	/05	CERTIFICA	TE OF DEAT	H REG. NO	0. / -	8705
I. NAME OF DECEA	SED			2. DA1	E AND HOUR OF DE	ATH	
(Type or Print)		HAZEL			PTEMBER 5,		7:05P
3. PLACE IN BALTIA	ORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE			residence before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	TION	JTION, GIVE STREET	C. CITY OR TOWN		INSIDE CITY	2037
/ ST AGN	ES HOSPITA			BALTIMORE		YES X	No I
WILKEN: BALTIM	S & CATON ORE, MD. 2	AVES. 1229		4002 W FRA	ANKLIN ST	BALTO	
FEMALE	NEGRO	7. MARRIED [ WIDOWED	DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Und Months	er 1 Yr. If Under 24 H. Doys Hours Min.
10A, USUAL OCCUPA	ATION (Give kind of wark king life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	loreign countryl	12. CI1	IZEN OF WHAT COUNT
HSEWIFE				NORTH CA	AROLINA	U	J.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		,0,,
JOHN BUI	NN			KATIE COA	TES		
15. Was Deceased Ev (Yes, no or unknown) (If	er in U. S. Armed Farc yes, give war ar dotes	es? al service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
NO				4 ST AGNES	RECORDS W	LIKENS	SEC ATON A
18. 4 3			CAUSE OF DEAT	H c)			APPROXIMATE INTERVAL
	OR CONDITION DIR	ECTLY		Clyet	no Vasulla	-	BETWEEN ONSET AND DEA
(This does not	mean the mode of	dvina. e.a	(A) IMMEDIATE CAL	ISE A CONSEQUENCE OF:	- Lacut	14	
hearl failuse, as	henia, etc. It means cation which caused	the disease,	DUE 10, OR AS	A CONSEQUENCE OF:	(00	77	
	TECEDENT CAUSES			Muchanter	wing.		
DISEASES OR	CONDITIONS, ii a	nv. giving	(B)OR AS	Hyprofu A CONSEQUENCE OF:			**************
rise la the	above cause (A)	stating the					
ONDERETING (	ONDITION (dst.		(c)				***************************************
E TO THE DEATH B	II  NI CONDITIONS CON  UT NOT RELATED TO THE  DITION GIVEN IN PART	ETERMINAL	***************	17			
19A. DATE OF OF	PERATION 198 COND	ITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING	ERE FINDINGS CAUSES OF	CONSIDERED DEATH?
OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING DIG CAUSE OF	21 B. I hame etc.)	PLACE OF INJURY(e.g., i , farm, factory, street, of	ar about 21C. WHERE DI fice bldg., INJURY OCCU	D (If In Bol	limare City, giv	ve exact lacation)
21D. TIME (NO FINJURY (APPROXI	Aanih) (Doyl (Yeor)		INJURY OCCURRED  o At Work  At Work		INJURY OCCUR?		
22. I certify the	ot/(1) (this hospital)			GUST 25.	19 / T +o SE	PTEMBE	R 5 10 71
			SEPTEMBER 5			colplop dec	th occurred on the da
				iew the body after dea		aprilion deo	in occorred by the da
23A. SIGNATURE	, , ,			The body after dea		238, DA	TE SIGNED
LM.	lousuf I	dolige	Atte Phys	nding Med.	Shaff Phys.	SEP	T. 5. 1971
PHYSICIANS NAME (Type)	J _	/		3D. ADDRESS			
M. YOUS	UF SIDDIQU	JI, M.I	DEGREE	ST AGNES HO	SPITAL WI	LKENS	& CATON AVE
REMOVAL (Spec	TION, 24B. DATE	24C. NA			LOCATION	(City, town,	
BURIAL	7-4-1	1	1. CACVA	y ceri	HRINDE	LCO,	MIC
25A. DATE REC'D BY		SE NAME OF		25C. FUNERAL DIREC	TOR DOGUL 17	2 11/11/	ADDRESS ONTGOMEN
SEP 17	Wale &	Jabe	M.D.	17 20	CU~ V /Z.	s w M	, w - CHEC



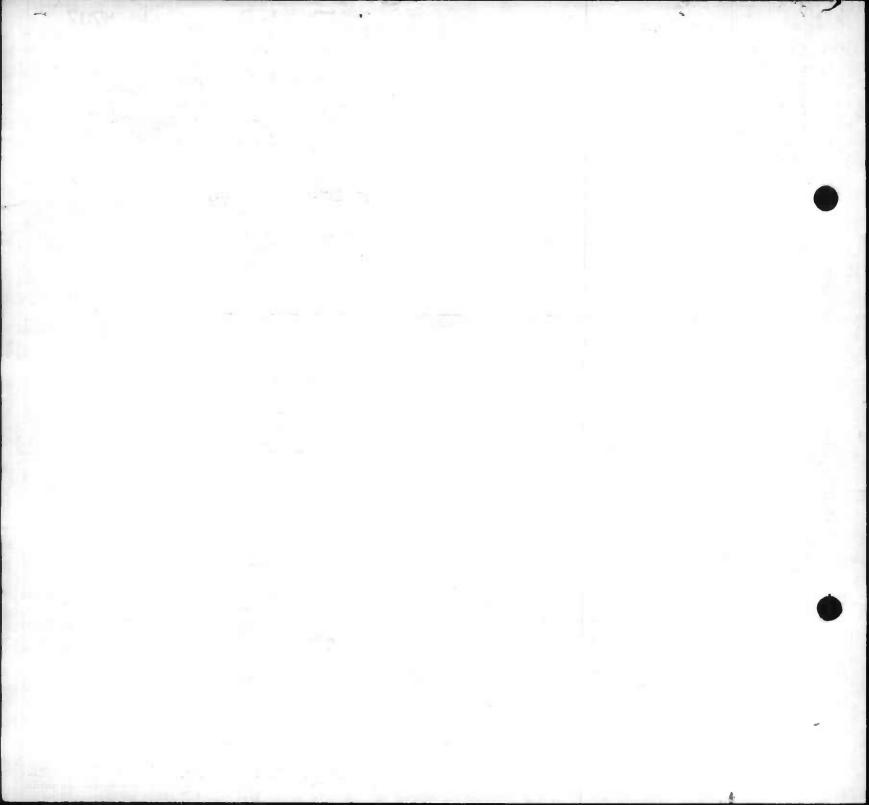
1	BALTIMORE CIT	TY HEALTH DEPARTMENT 71 8706
7007	BIRTH NO. 71 8706 CERTIFICA	ATE OF DEATH REG. NO.
of death Deceased o on the 1th. Such	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Pour .	FREDERICK C PARKER (MSC)	13 Sep 71 1032 A M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence belore admission) A. STATE B. COUNTY
den de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	BEQ 135, Rm 2, Ft Holabird, Md. 21219
Se;	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ng cause cause atten ior to	Qu.S.Army Health Clinic	E. STREET AND NUMBER
-0 - 0	Ft Holabird, Md. 21219	26.56
ribu ula ula	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE IIn years    It Under 1 Yr.   It Under 24 Hrs.     Months: Days   Hours   Min
rmiregues egu	Male Cau WIDOWED DIVORCED	8 June 1922 / 19
n r	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or largin country) 12. CITIZEN OF WHAT COUNTRY
(4) Under was in the dec	MSG, US Army Government	Natchez, Miss U.S.
www.the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
.=	Robert E Parker	Arlone Lessing
kind; deatl ce or	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS
表えるがに	Yes 1944 to present 427-12-3289	
any ced nda	IB. 7551 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of of o	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	
ono aim	(This does not meen the mode all dying, e.g., heart failure, ostheria, etc. It means the disease,	A CONSEQUENCE OF:
propre lar	injury ar complication which coused death.)	pacare
fro fro	ANTECEDENT CAUSES	wevitwound seen
X X A	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
0 E .= 0	UNDERLYING CONDITION last.	
ical rns; sicia vas nain	z II	
ber by hy n	O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	me
For P	U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
Bo th tysi	WAS PERFORMED	20A. AUTOPSY? IYCS OF NO. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
for to	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, c	In or obout 21 C. WHERE DID  (If In Boltimore City, give exect location)
No Se	DEATH (notify medical examine)	Ft. Holasird-Balto Blda 135 Rooms
osp turi	OF INJURY OF INJURY OF INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
nat cep d ((	(APPROX.1 Sep) (3,1971 /0:32 While AI No! While AI Work	
any (ex obj	22. I certify that (i) (this hospital) attended the deceased from	12- July 1971 10 15 for tout up property
of an of an al (e) al (e); al (b); a	that (I) (ac) lost sow the deceased alive on 15004	19_7and that In(my) (par) opinion death occurred an the date
sed to spital eath) ust be	and haur and from the causes stated above. (1) (1) (did) (didnet)	riew the body ofter death.
cident hospi to dea	23A. SIGNATURE	anding N Med. Shiff 12 Co. 71
a cc a l	The December of The December 19 December 1	s. La Director Phys. 13 Sep / 1
was released An accident A. at a hospit prior to deat	NAME (Type)	US Army Health Clinic
	24A. BURIAL CREMATION 24B DATE 124C NAME OF CENTERS	Ft noiabirg, Md. 21219
	REMOVAL Ispecityl	(Siple)
the bod shows: was D.( decease	Burial Natchez Nat'l Cen	
the b show was dece	SEP 17 1971 Public E. Marben 1620	Of Harry Wittke Maryland 21043
	VS 150-REV. 1/1/68	Mary and Stoff Mary Mary Stoff S.

The Affine of II n to 11 as 15 x 5 14

1041 L.S. at 42 3

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	Dinila			BALTIMORE CITY	Y HEALTH DEPARTMENT		71 8707 -
BII	RTH NO.	71	8707	CERTIFICA	TE OF DEATH	REG. NO.	0/0/
	PO OF PRINT		. 4.6		2. DATE A	ND HOUR OF DEATH	
3.	PLACE IN BALTIMO	PLEY MARYLAND.	MRS.	EVA	4. USUAL RESIDENCE (WH	- 8- //	stitution: residence delere admission
fu	ILL NAME OF		PITAL OR IN	STITUTION, GIVE STREET	MARY LAND	INTY	301
İN	STITUTION	HOME		SPITAL	C. CITY OR TOWN		DE CITY LIMITS?
	350,400	,,,,,,	A No	31 [ 171 =	BALTIMORE E. STREET AND NUMBER		YES NO NO
		`			212 MASON	et.	
	SEX 6.RA	BLACK	WIDOW		8. DATE OF SIRTH  (0-20-26	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
	LUSUAL OCCUPATION during most of working			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
L	Domestic		Н	ousewife	N. CAPOLIA	AV	U.S.A.
13.	Edward	Vines	227		14. MOTHER'S MAIDEN NA		
					Cora Mary	land	
15. (Ye:	Was Deceased Ever is, no or unknown) (If ye	n U. S. Armed F s, give war or do	orces? oles of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21205
L	no				Coretta Ridley	1032 N. Was	shington St.
		nia, etc. It mear	H of dylng, e ns the dise		JSE SQUENCE OF:	tralife 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  A- day S
		CEDENT CAUSE		belle	rce, dirbet	1 C COm	8
	DISEASES OR CO			(B)	A CONSEQUENCE OF:		
	tise to the obo	ve cause (A	) slating	the (c) Aren	+ quile alco	lelise	- Learstweet
		1.0					
ATION	OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT	NOT RELATED TO	THE TERMIN	AL MULLI	nomes, in l	recognis	Illie-days
RTIFIC	DISEASE OR CONDITION OF OPER	NOT RELATED TO ION GIVEN IN PA ATION 198 CO WAS PE	THE TERMIN ART 1 (A). ONDITION FO ERFORMED		20A. AUTOPSTE (Yes or N	10) 20B, IF YES, WERE IN CERTIFYING CAL	PINDINGS CONSIDERED USES OF DEATH?
CAL CERTIFIC	TO THE DEATH BUT DISEASE OR CONDIT	NOT RELATED TO TON GIVEN IN P. ATION 19 CO WAS PE	THE TERMIN ART 1 (A). ONDITION FO ERFORMED	AL MULLI	n or obout 21 C. WHERE DID		FINDINGS CONSIDERED USES OF DEATH?  • City, give exect location)
DICAL CERTIFIC	TO THE DEATH BUT DISEASE OR CONDITI 19A-DATE OF OPER 21A-ACCIDENT WA OR CONTRIBUTING DEATH (notify medic	NOT RELATED TO TON GIVEN IN P. ATION 19 CO WAS PE	THE TERMIN ART 1 (A). DNDITION FO ERFORMED	21B PLACE OF INJURY (e.g., in home, form, foctory, sireet, of etc.)  21E INJURY OCCURRED  While At Not While	n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(II In Boltimere	
MEDICAL CERTIFIC	TO THE DEATH BUT DISEASE OR CONDIT 19A. DATE OF OPER OR CONTRIBUTING OR CONTRIBUTING DEATH (notify medic 21D. TIME (Mon OF INJURY (APPROX.)	NOT RELATED TO ION GIVEN (N P) AT(ON 198, CO WAS PE  WAS PE  S UNDERLYING CAUSE OF of examined  th) (Doy) (Year	THE TERMIN ART 1 (A).  ONDITION FOERFORMED	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E INJURY OCCURRED  While At Not While Work	n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(II In Boltimore	
MEDICAL CERTIFIC	TO THE DEATH BUT DISEASE OR CONDIT 19A-DATE OF OPER 21A-ACCIDENT WA OR CONTRIBUTING DEATH (notify medic 21D-TIME (Mon OF INJURY (APPROX.)  22. I certify that (	NOT RELATED TO ION GIVEN (IN P) AT (ON 198, CO WAS PE  S UNDERLYING CAUSE OF of examined  (1) (this hospit	THE TERMIN AND IT (A).  NOT IT (A).  NOT IT (A).  NOT IT (A).  (Hour)  (Hour)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  21E INJURY OCCURRED  While At Not While At Work  d the deceased from	n or obout 21 C. WHERE DID ffice bidg. INJURY OCCUR? 21 F. HOW DID IN	JURY OCCUR?	G-8
MEDICAL CERTIFIC	TO THE DEATH BUT DISEASE OR CONDIT 19A. DATE OF OPER 21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medic OF INJURY (APPROX.)  22. I certify that (that (1) (we) lost that (1) (we) lost	NOT RELATED TO TO TO THE NOTION GIVEN (IN P). AT (ON 19R. CO WAS PE CAUSE OF of examiner with) (Doy) (Year the decear the	THE TERMIN ART 1 (A). DINDITION FO ERFORMED  (Hour) (Hour) (al) ottende sed alive o	21R PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  21E INJURY OCCURRED  While At Not While At Work  d the deceased from	21F. HOW DID IN  9-7-11  19 71 ond t	JURY OCCUR?  19 // to	
MEDICAL CERTIFIC	TO THE DEATH BUT DISEASE OR CONDIT 19A. DATE OF OPER 21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medic OF INJURY (APPROX.)  22. I certify that (that (1) (we) lost that (1) (we) lost	NOT RELATED TO TON GIVEN (IN P) ATION 19R. CO WAS PE  S UNDERLYING CAUSE OF of examiner  (h) (Doy) (Year  (1) (this hospites we the decear	THE TERMIN ART 1 (A). DINDITION FO ERFORMED  (Hour) (Hour) (al) ottende sed alive o	21B PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  21E INJURY OCCURRED  While At Not While At Work  d the deceased from	21F. HOW DID IN  9-7-11  19 71 ond t	JURY OCCUR?  19 // to	G-8
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MEDICAL CERTIFIC	TO THE DEATH BUT DISEASE OR CONDIT 19A.DATE OF OPER 21A.ACCIDENT WA OR CONTRIBUTING DEATH (notify medic of INJURY (APPROX.)  22. I certify that (that (I) (we) lost and hour and from	NOT RELATED TO TON GIVEN (IN P) ATION 19R. CO WAS PE  S UNDERLYING CAUSE OF of examiner  (h) (Doy) (Year  (1) (this hospites we the decear	THE TERMIN ART 1 (A). DINDITION FO ERFORMED  (Hour) (Hour) (al) ottende sed alive o	21B PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  21E INJURY OCCURRED  While At Not While At Work  d the deceased from	n of about 21 C. WHERE DID flice bldg., INJURY OCCUR?  21 F. HOW DID IN  9 - 7 - //  19	JURY OCCUR?  19 // to	Gity, give exoct location)  9 - 8 19 7/ Inlandeath occurred on the date
MEDICAL CERTIFIC	TO THE DEATH BUT DISEASE OR CONDITION TO THE DEATH OF OPER OR CONTRIBUTING OR CONTRIBUTING DEATH (notify medic of injury (APPROX.)  21D. TIME (Mon OF INJURY (APPROX.)  22. I certify that (I) (we) lost individual ond from 123A. SIGNATURE 123C. PHYSICIAN'S NAME (Type)	NOT RELATED TO TOON GIVEN (IN P) AT(ON 198, CO WAS PE  (S UNDERLYING CAUSE OF of examiner)  (1) (this hospitissaw the decear the couses st	THE TERMIN ART 1 (A). DINDITION FO ERFORMED  (Hour) (Hour) (al) ottende sed alive o	21B PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)  21E INJURY OCCURRED  While At Not While At Work  d the deceased from	n or about 21 C. WHERE DID flice bldg., INJURY OCCUR?  21 F. HOW DID IN  9 - 7 - //  19 7/ and to  riew the body after death.  Inding Med. Director D	JURY OCCUR?  19 7/ tohat in (my) (our) optr	Gity, give exoct location)  G-8  19  7/  nlon death occurred on the date
MEDICAL CERTIFIC	TO THE DEATH BUT DISEASE OR CONDITION TO THE DEATH OF OPER OF OPER OR CONTRIBUTING DEATH (notify medic of injury (APPROX.)  22. I certify that (that (I) (we) lost ond hour and from 23 SIGNATURE 23.C. PHYSICIAN'S	NOT RELATED TO TOO NO GIVEN (IN P) AT (ON 198, CO WAS PE CAUSE OF of examined th) (Doy) (Year the couses st	THE TERMIN ART I (A).  DINDITION FOR ERFORMED  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).	21B PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)  21E INJURY OCCURRED  While At Not While At Work  d the deceased from	n or about 21C. WHERE DID flice bldg., INJURY OCCUR?  21F. HOW DID IN  9 - 7 - //  19	JURY OCCUR?  19 7/ to	Gity, give exoct location)  G-8  19  7/  nlon death occurred on the date
MEDICAL CERTIFIC	TO THE DEATH BUT DISEASE OR CONDITION 19A-DATE OF OPER 21A-ACCIDENT WA OR CONTRIBUTING DEATH (notify medic 21D-TIME (Mon OF INJURY (APPROX.) 22. I certify that ( that (I) (we) lost that (I) (we) lost that (I) (We) lost tha	NOT RELATED TO TO TO THE ATTENT OF THE ATTEN	THE TERMIN ART I (A).  DINDITION FOR ERFORMED  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).  THE TERMIN ART I (A).	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  218 INJURY OCCURRED  While At Not While At Work  In the deceased from	n or obout 21 C. WHERE DID    INJURY OCCUR?	JURY OCCUR?  JURY OCCUR?  19 7/ to	238, DATE SIGNED  Y, town, or county)  (Stote)
MEDICAL CERTIFIC	TO THE DEATH BUT DISEASE OR CONDIT 19A-DATE OF OPER 19A-DATE OF OPER 21A-ACCIDENT WAS OR CONTRIBUTING DEATH (notify medic 19A-THE (Monor of INJURY (APPROX.)  22. I certify that (that (1) (we) lost that (	NOT RELATED TO TOO NO GIVEN (IN PLATED TO TOO NO FEED TO TOO NO T	THE TERMIN ART I (A).  WHO IT I (A).  WHO IT I (A).  WHO IT I (A).  WHO IT I (A).  WHO IT I (A).  WHO IT I (A).  WHO IT I (A).  WHO IT I (A).  WHO IT I (A).  WHO IT I (A).  WHO IT I (A).  WHO I (A).	21B PLACE OF INJURY (e.g., in home, torm, foctory, street, of etc.)  21E INJURY OCCURRED  While At Not While At Work  d the deceased from	n or obout 21 C. WHERE DID    INJURY OCCUR?	JURY OCCUR?  19 7/ to	City, give exoct location)  9-8-19-7/  Inlan death occurred on the date  238, DATE SIGNED  4'-8-7/



BI	71. 8708 BALTIMORE CITY HE MEDICAL EXAMINER'S C			X F DEAT	H REG. NO.	71	8708
_	NAME OF DECEASED	2. DATE	Knawn 🔲	Manth	Day	Year	Hnur
	pe or Print)  EDWARD HUGHES	OF	Estimated		Ddy	1401	ennur .
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	JEATH 3. DATE	Estimated C	Month	Doy	Year	Hour
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	11	UNCED DEAD			- KILL	10 00-
	OSPITAL ADDRESS OR LOCATION)			9	13	1971	12:20 M
-	2 2	A. STATE	ESIDENCE (Whe	ere deceased li	B. COUNTY	n: residence l	befare admission)
-	Johns Hopkins Hospital		Md.		Ra 170	2. 5.	300
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
m	ale white WIDOWED DIVORCED	Par	kville		Y	ES 🗌	но 🔲
9.	DALE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.		AND NUMBER				
	/2-/8-/9   lost birthdoy)   Months   Days   Hours   Min.	840	2 (B) Nu	nnley D	rive		
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER					
	Palter M WHAT COUNTRY?		c.l / 14.				
140	LUSUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	gres			
don	e during most of working life, even if retired)	1 3. MOTHE	C	44 0			
_	shock tenk balto. (o. bd. of to	2.	Lillian	1 Imietr			
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, ng or unknown)((I yes, give wor or dates, of service) SECURITY NO.	IB. INFORM	MANT		A	DDRESS	
	yes 4411 215-01-0385	Coris	E. Hughe	0-8402	Munley	Drive	
	19. CAUSE OF DEA	ATH	0		-		PROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY Multiple	Injurie	es				
	LEADING TO DEATH (A)IMMEDIATE	CAUSE					
1		AS A CONSEQ	UENCE OF:				**********
	injury or complication which coused deoth.)						
	ANTECCH THE CALLET						
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO, OR	AS A CONSE	OHENCE OF		***************************************		
3	RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONCE	doruce of.				
Z	UNDERLYING CONDITION LAST. (C)	······································					
CERTIFICATION	11						
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					75 E.	
E	DISEASE OR CONDITION GIVEN IN PART 1 (A).						
ER	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes ar No)
	2,					yes	
EDICAL	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 2	2C. WHERE DID	(If In Baltima	re City, give exc		<del></del>
ă	UNDERLYING OR CONTRIB- home, form, factory, street, office uting Cause of Death.	ce bidg., etc.)[II	NJURY OCCUR?	_			Oakwood Rd
Σ	22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED		2F. HOW DID II			000	Oditivo od 110
	OF INJURY (APPROX.) 9-12-71 3:45 Dm. WHILE AT NOT	WHILE	minon of	auto t	hat mon	t out	of control
	(APPROX.) 9-12-71 3:45 pm. WORK AT AT V	VORK 1				Loui	or control
		top sy 🔀		verturn	death in my	autotas	
-	resulted from: Notural causesAccident & Suicident		micide 🗀		ned monner	_	
100	ACTUAL XXXXIII	•	CHIEF MEDICAL	EXAMINER	K		DATE SIGNED
	SIGNATURE M.C	ASSI:	STANT MEDICAL	EXAMINER			
-	EXAMINER'S Pussell S Fisher M D	ASSO	CIATE MEDICAL	EXAMINER		9/	13/71
24	NAME (Type) Russell S. Fisher, M.D.						
RE	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY MOVAL (Specify)	or CREMATO	RY 24D	LOCATION	(City, town	, or county)	(State)
	Burial 9-16-71 Parkwood Ceme	stenii		Palti	mane Mi	nuland	

Parkwood Cenetery Baltimore, Minyland

258\_NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

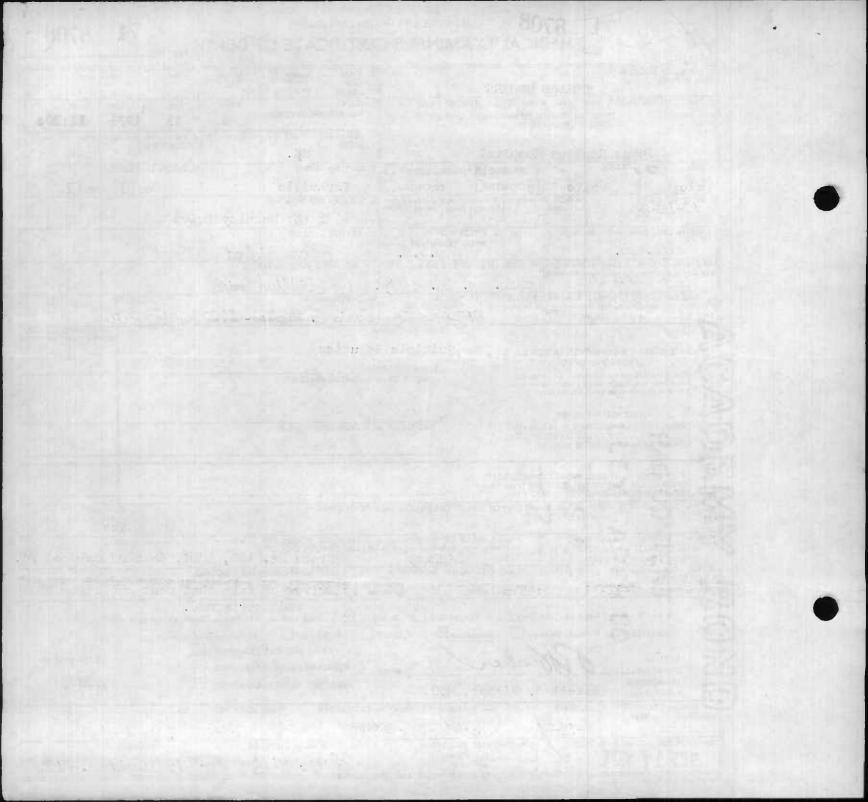
ADDRESS

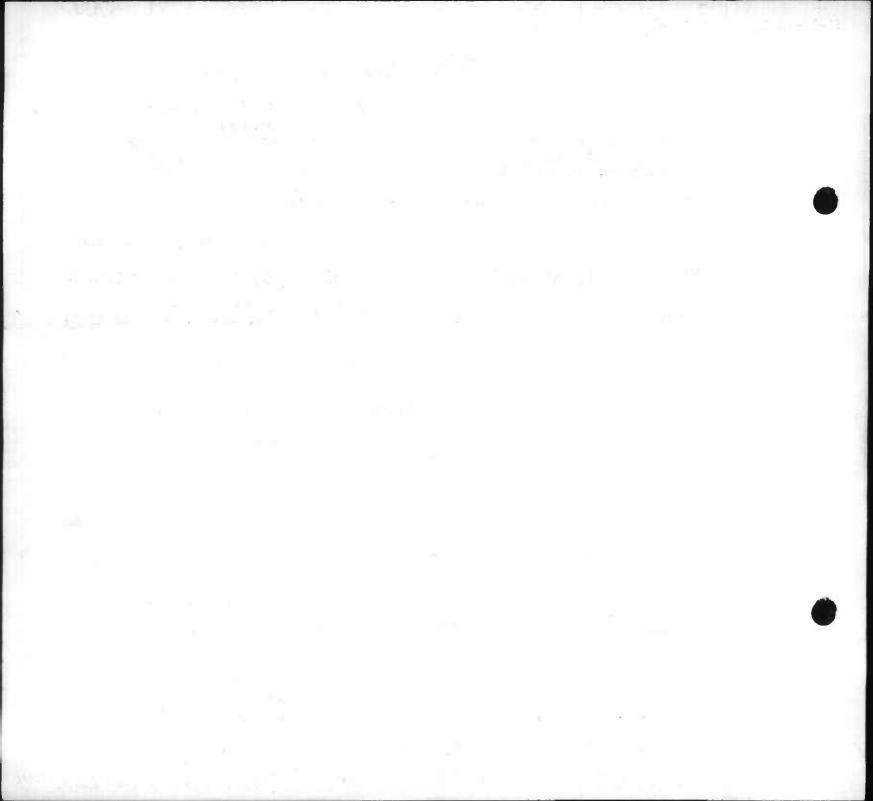
25hol. Hitter Inc-6415 Belain Rd. -21206

SEP 17 VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

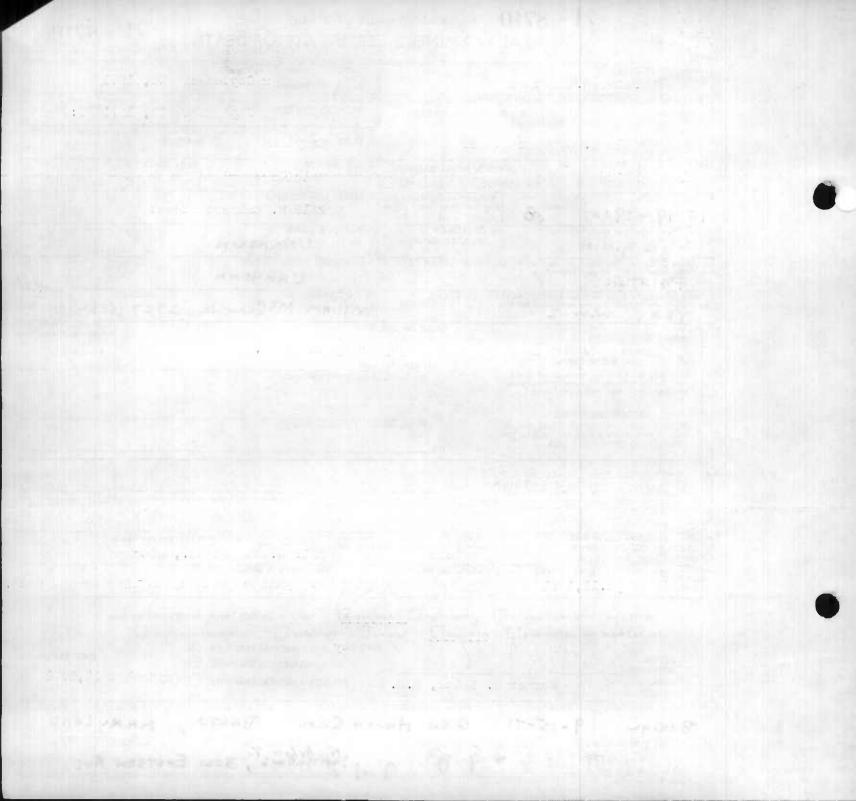
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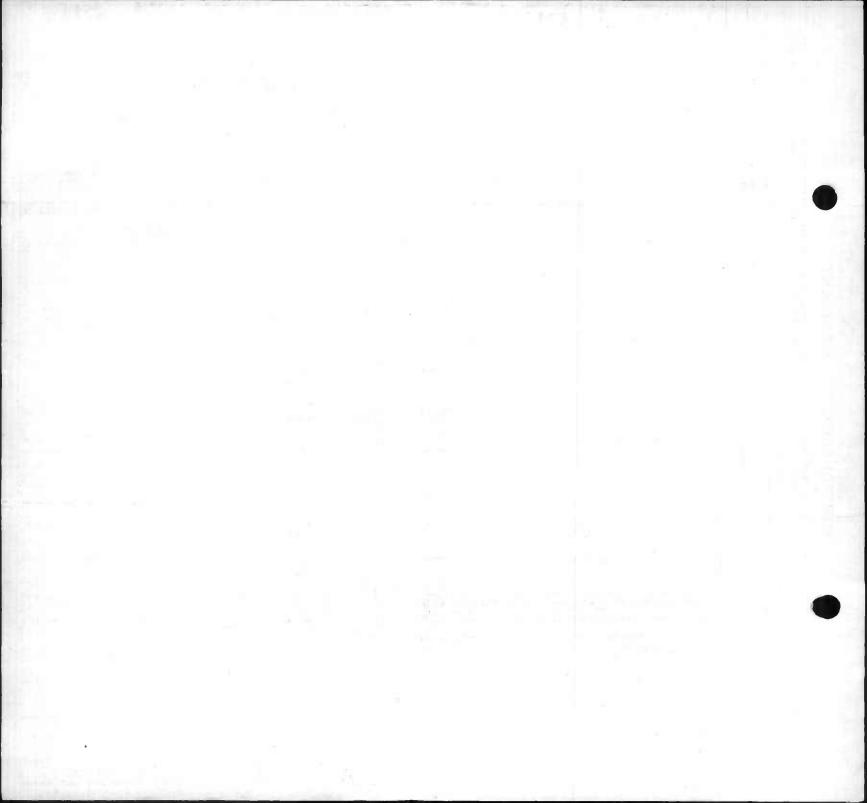
VS 151-REV. 1/1/68

3021 EASTERN AVE

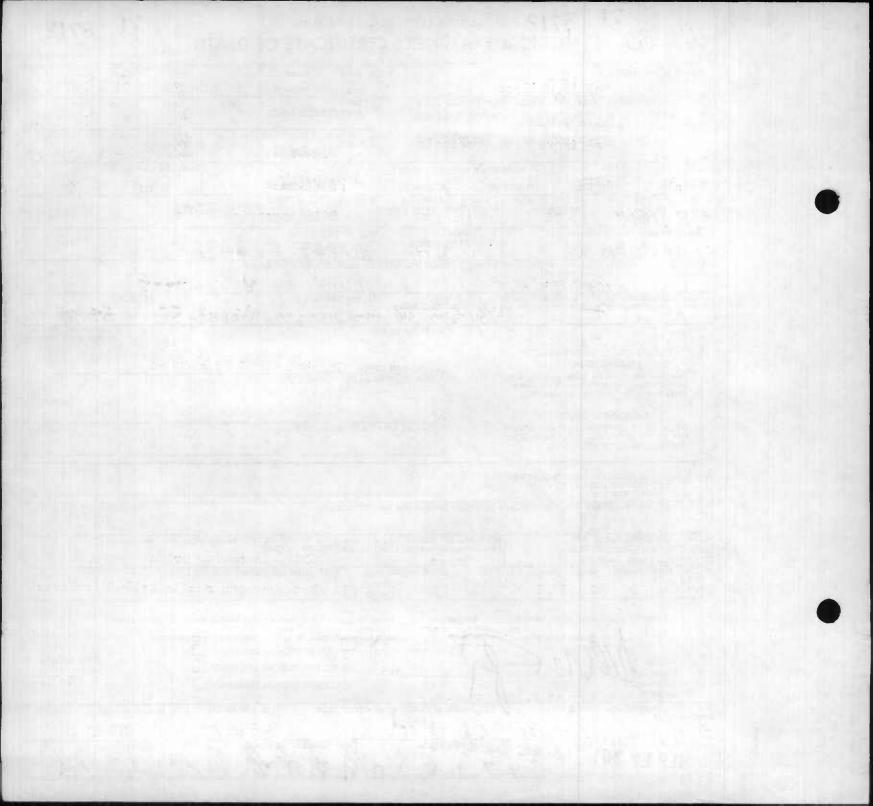


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

M-EAD 71 0744	BALTIMORE CITY	HEALTH DEPARTMENT	71. 8711		
BIRTH NO. MIHM	TE OF DEATH REG. NO.				
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH			
Holam H TI, W	ED DEAD	4. USUAL RESIDENCE (Where deceased lived. II in	-7/1 /2 A M.		
		A. STATE B. COUNTY	smollon, residence before domission)		
HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	I, GIVE STREET	C. CITY OR TOWN D. INSI	DE CITY LIMITS?		
12 11 0 11 1	1 11	BertinoRL YES D NO			
South Balt. 6 enen	al Hosp.	8. STREET AND NUMBER 3925 Brooklyn Aug			
5. SEX 6. RACE 7. MARRIED [] A		8. DATE OF BIRTH 9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Monthsi Days Hours Min.		
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI	DIVORCED	1-30-12 69			
dane during most of working life, even if retired	The state of the s	H J	12. CITIZEN OF WHAT COUNTRY?		
HOUSQWITE 13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	004		
J. Paul Kelly		Lelia ?			
	social security no. none	Thomas Or. h - Hu	Sond - Song		
164-122 1V-2509	CAUSE OF DEATH	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	clerosis				
injury at complication which caused death.)	4.				
ANTECEDENT CAUSES	(B) ARRERI	esclerofic lardiovas cular liseas e			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
UNDERLYING CONDITION lost,	(c)		***************************************		
O THER SIGNIFICANT CONDITIONS CONTRIBUTING	5 1	1 1/1/1			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A).	Vica se	Les Mellitus			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A-DATE OF OPERATION 178 CONDITION FOR WHICH WAS PERFORMED  21A, ACCIDENT WAS UNDERLYING 1	H OPERATION	20A. AUTOPSY? (Yes or No) 208. IF TES, WERE F	INDINGS CONSIDERED USES OF DEATH?		
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examines)	CE OF INJURY (e.g., ir m., foctory, street, of	n or obout 21C, WHERE DID (If in Boltimore bldg, INJURY OCCUR?	City, give exact location)		
II II IOF INJURY	RY OCCURRED	21 F. HOW DID INJURT OCCUR?			
(APPROX.) While At	Not While		0 1		
22. I certify that (1) (this hospital) attended the deceased from 9-9-7 197/ ta 16-54 + 197/					
that (1) (we) last sow the deceased alive on 15-5 ept 19 7/ and that In(my) (ow) opinion death occurred on the date					
ond haur and from the causes stated abave. (1) (We) (did not) view the bady after death.					
23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Director Phys. 16 - Sept - 7/					
23C. PHTSICIAN'S NAME (Type) Richard E FISHER MTD  23D. ADDRESS ROLL  24D. ADDRESS ROLL					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City form of Columbia) (State)					
REMOVAL (Specily)					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					
VS 150 REV 1/1/04		McCully Dineral Home 237	Patapsco Ave 25		



VS 151-REV. 1/1/68



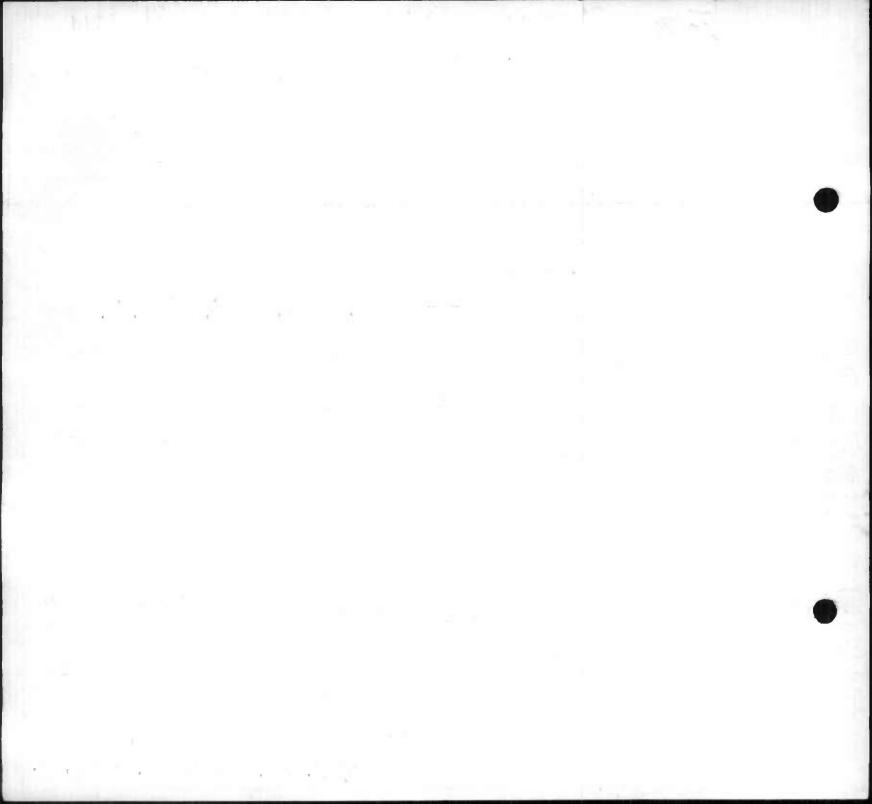
11.2	IRTH NO.	50	713 BALTIMORE CIT	ATE OF DEATH A REG.	NO. 71. 8713
11	ype or Print)	arcant T	et E. Grannas	2. DATE AND HOUR OF	DEATH 10 10
F	ULL NAME OF IOSPITAL OR NSTITUTION	ORE MARYLAND, V	TAL OR INSTITUTION, GIVE STREET ATION)	4. USUAL RESIDENCE (Where deceased live and a state an	D. INSIDE CITY LIMITS?
		•		Quince Lane	7 : 210 21220
	F	ACE W	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	9-25-16   lost birthday	ors If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
	the use	ng ille, even it retired)	LIDE KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) Penna.	12. CITIZEN OF WHAT COUNTRY
	e FAIRER S NAME	Miles	Stiffler	14. MOTHER'S MAIDEN NAME  Mar	rie Hall
15. [Ye	Was Deceased Ever es, no or unknown) (If )	in U. S. Armed For yes, give war or date	16. SOCIAL SECURITY NO. 162-12-5334		Quince Lane DDRESS Lto. Md. 21220
	DISEASES OR C	ECEDENT CAUSES CONDITIONS, if bove cause (A)	ony, giving (B) DUE TO, OR A	Myocardia Disco	يو
ATION	UNDERLYING CO	II CONDITIONS COL	NTRIBUTING	4 New M.Is.	
ERTIFICATION	OTHER SIGNIFICANTO THE DEATH BUDISEASE OR COND	II IT CONDITION SCOT T NOT RELATED TO THE ITOM GIVEN IN PART RATION 198 CON WAS PERF	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION FORMED	20A AUTOPSY? (Yes at No. 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
CALC	OTHER SIGNIFICANTO THE DEATH BUDISEASE OR COND 19A DATE OF OPE 21A ACCIDENT WOR CONTRIBUTING DEATH (notify medi	IT CONDITION I CONTINUE TO THE	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., hame, farm, fociory, street, celc.	20A. AUTOPSY? (Yes ar No) 20B. IF YES. Yes IN CERTIFYIN In ar about 21C. WHERE DID Office bidg., INJURY OCCUR?  (II In E	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?  Ballimare City, give exact lacation)
CALC	OTHER SIGNIFICANTO THE DEATH BUDISEASE OR COND 19A DATE OF OPE  21A- ACCIDENT WOR CONTRIBUTING DEATH (notify medi 21D.TIME (Mo OF INJURY IAPPROX.)	IIION IOSE.  II ONDITION S COIT NOT RELATED TO THE ITO THE ITO THE ITO THE ITO THE ITO ITO ITO ITO ITO ITO ITO ITO ITO ITO	NTRIBUTING HE TERMINAL TO ALL	20A. AUTOPSY? (Yes at No.) 20B. IF YES. Yes IN CERTIFYIN In at about 21C. WHERE DID Slice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	NG CAUSES OF DEATH?
EDICAL C	OTHER SIGNIFICANTO THE DEATH BUDISEASE OR CONDITION OF CONTRIBUTING OF CONTRIBUTING DEATH (notify media) TIME (MOOF INJURY LAPPROX.)  22. I certify that that (I) ((we) last	II IT CONDITION I CONTRICTOR IN TOUR IN THE IT OF THE IT	NTRIBUTING HE TERMINAL I 1 (A).  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., hame, farm, fociory, street, cetc.)  [Houd) 21E. INJURY OCCURRED While At Nat White At Wark  Dattended the deceased from d alive on 9-13	20A. AUTOPSY? (Yes ar No) 20B. IF YES. Yes IN CERTIFYIN Office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 7/ and that in (my) (ou	Balilmare City, give exact lacation)
EDICAL C	OTHER SIGNIFICANTO THE DEATH BUDISEASE OR CONDITION OF CONTRIBUTING OF CONTRIBUTING DEATH (notify media) TIME (MOOF INJURY LAPPROX.)  22. I certify that that (I) ((we) last	II IT CONDITION I CONTINUE TO THE CONTINUE TO	NTRIBUTING HE TERMINAL I 1 (A). DITION FOR WHICH OPERATION FORMED    21B PLACE OF INJURY (e.g., hame, farm, fociory, street, cel.)   While AI	20A. AUTOPSY? (Yes ar No) 20B. IF YES. Yes IN CERTIFYIN  in ar about 21C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 71 and that in (my) (out of the body after deoth.	Balilmare City, give exact lacation)
MEDICAL C	OTHER SIGNIFICANTO THE DEATH BUDISEASE OR COND 19A DATE OF OPE  21A ACCIDENT WOR CONTRIBUTING DEATH (notify medi 21D.TIME (Mo OF INJURY IAPPROX.)  22. I certify that that (1) (we) last and hour and from 23A SIGNATURE  23C.PHYSICIANS	II IT CONDITION I CONTINUE TO TO THE CONTINUE	NTRIBUTING HE TERMINAL I 1 (A). DITION FOR WHICH OPERATION ORMED  218 PLACE OF INJURY (e.g., hame, form, fociory, street, cetc.)  IHoud 21E INJURY OCCURRED While At Mark Wark At Wark At Wark d alive on 9-13 ed obove. (I) (We) (did) (did not)  Attended the deceased from 40 occurred to the deceased from 41 occurred to the deceased from 42 occurred to the deceased from 43 occurred to the deceased from 44 occurred to the deceased from 45 occurred to the deceased from 55 occurred to the deceased from 55 occurred to the deceased from 55 occurred to the deceased from 55 occurred to the deceased from 55 occurred to the deceased from 55 occurred to the deceased from 55 occurred to the deceased from 55 occurred to the deceased from 55 occurred to the deceased from 55 occurred to the deceased from 55 occurred to the deceased from 55 occurred to the deceased from 55 occurred to the deceased from 55 occurred to the deceased	20A. AUTOPSY? (Yes ar No) 20B. IF YES. Yes IN CERTIFYIN  In ar about 21C. WHERE DID  Office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Le	Ballimare City, give exact lacation)  9 - 19 - 7/ ur) optinion death occurred on the dote

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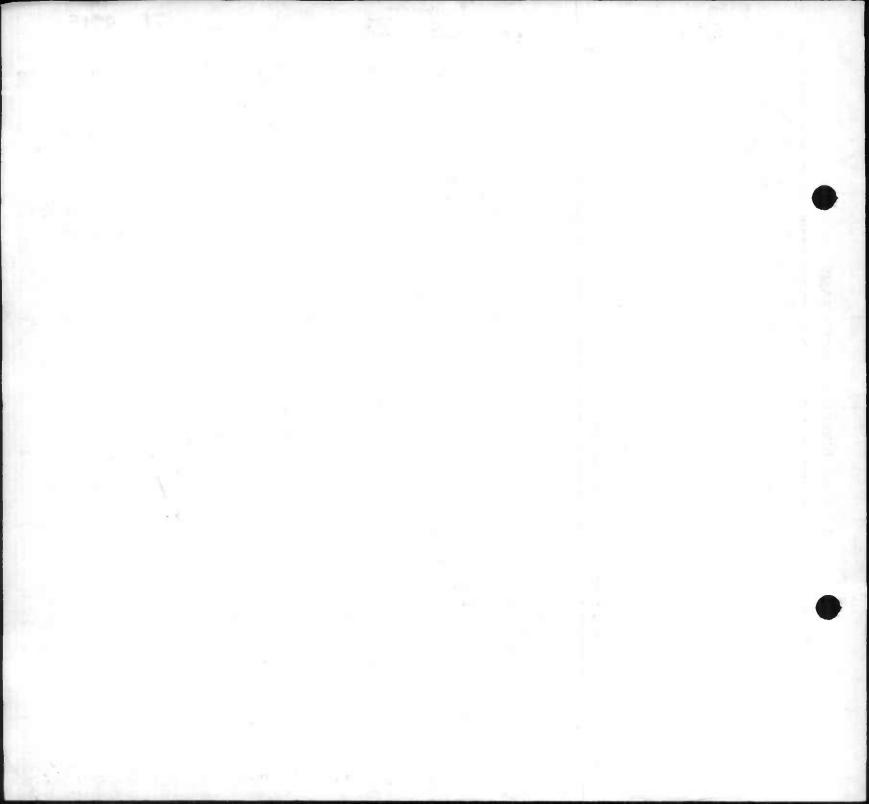
	-	T-23/2 71	8714		HEALTH DEPARTMENT	REG. NO.	8714
		TH NO.		CERTIFICA	TE OF DEATH	KEG. NO.	
	(Туре	ARIHUR	1898	egeder ELER		AND HOUR OF DEATH	18:50 0"
	3. P	PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				here deceased lived. If institution	n: residence before admission)
	FUL HO:	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			MARYLH C. CITY OR TOWN	D. INSIDE CIT	26/0
	N	NORTH CHARLES GEN. HOSP,			BACTIA E. STREET AND NUMBER	LORE YES	
6	4	North Charles General Hospital				INTON St.	
шаае	5. SE	Male 6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yoors lost birthdoy) 69 Mont	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
2	IOA.	USUAL OCCUPATION (Give kind of we during most of working life, even if refire	rork 10B, KIND OI		11. BIRTHPLACE (Stote or fo		CITIZEN OF WHAT COUNTRY?
position		CARPENTER			marylan		1.5.
	13. F	John F.	To made m		14. MOTHER'S MAIDEN N		
2	15, W	Vac Danasad Even in 11 S. A.	2	1 6. SOCIAL	HENRIE	// A Emmel	/ ADDRESS
	(Yos,	no or unknown) of yes, give wor or d	otos ol servicel	218-14-1638	(WII)	e) 2 N. Clinton Tegeder, Balto	Atrookess
	Ti-	18. 4 / X I		CAUSE OF DEATH		regeder, barto	APPROXIMATE INTERVAL
		DISEASE OR CONDITION DIRECTLY					
					acule		
5					Seize - Trs		
3					Prochitis		
		II .					
	TIO	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO	THE TERMINAL	[NEUN	VONIA -	,	KECENT
	CERTIFICATION	DISEASE OR CONDITION GIVEN IN P	ONDITION FOR VERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES WERE FINDING IN CERTIFYING CAUSES O	GS CONSIDERED
		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomine)	218 hom elc.	e, form, foctory, street, of	or obout 21 C. WHERE DID	(II In Boltimore City,	give exoct location)
3	MEDICAL	21D. TIME (Month) (Doy) (Yes		INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
		(APPROX.)	Wo			71 0	2
3	22. I certify that (I) (this hospital) attended the deceased from 8-13 1971 to 9-12 1971						
	1 1	that (1) (we) lost sow the decea		) (Wa) (414) (414		that in (my) (our) opinion d	eoth occurred on the date
	find hour/ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter deoth.    23A. SIGNATURE				ATE SIGNED		
		Hallwaale   Attending   Med.   Stoff   9-12-31					
manida	2	KUPERIO MANANKIL WORTH CHARLES GEN. HOSE RAITH MA					
3	24A.		24C.N/	AME of CEMETERY of CRE	MATORY 24D.	LOCATION (City, town	or county (Stole)  Maryland
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS. M.				DARRIES Md.		
=	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  John J. Duda, 7922 Wise Ave. Dundark, Md.						
	VS 1	56-kev. 171/6B				4-2	



## FUNERAL DIRECTOR: IMPORTANT

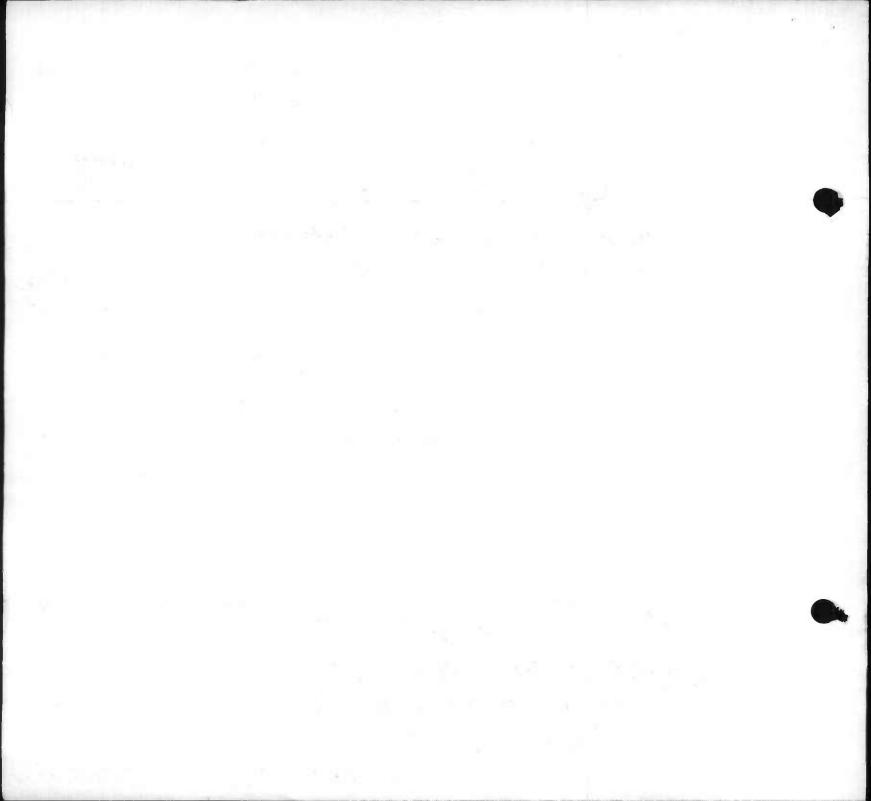
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE	CITY HEALTH DEPARTMENT			
MITH NO. 6 174 01745 CERTIFIC	CATE OF DEATH REG. NO. 11 8713			
1. NAME OF DECEASED  (Type or Print)  A D D D D	2, DATE AND HOUR OF DEATH			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived, If institution: residence before admission)			
	A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD Harford 100			
union Memorial Hospit	ay Forest Hill YES NO DE			
44	E. STREET AND NUMBER DE 2 EL SAL			
5. SEX   6. RACE   7. MADDIED   AISTUED MADDIED	ISDX 101			
Female White WIDOWED DIVORCED	3-15-86  9. AGE (In years   If Under 1 Yr.   If Under 24 His.   Months   Doys   Haurs   Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU- done during most of working life, even if refired)	<b>=</b> 1 1			
Housewife -	N Dakota U.S.A.			
13. FATHER'S NAME ALIGNATE Abraham	14. MOTHER'S MAIDEN NAME			
11000 30	Not known			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)    16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS			
115-3267-	20 APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH			
LEADING TO DEATH	CAUSE Pulmonary oldina			
	AS A CONSEQUENCE OF:			
ANTECEDENT CAUSES	rgestive Heart Failure			
	R AS A CONSEQUENCE OF:			
isse to the above cause (A) stating the UNDERLYING CONDITION tast.	intensive Anterioschirotis			
	Heart Diseas			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED  121A-ACCIDENT WAS UNDERLING 121B-PLACE OF INJURT (C)	inary interior.			
DISEASE OF CONDITION GIVEN IN PART 1 (A).  1994- DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED			
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF home, form, foctory, stree	.g., in or about 21C. WHERE DID (if In Boltimore City, give exact location) to office bldg., INJURY OCCUR?			
21D. TIME (Month) 1Doy) (Teat) 1Hout) 21E INJURY OCCURRED	21F. HOW DID INJURT OCCUR?			
IAPPROXI NOV Work Not W	While			
22. I certify that (1) (this hospital) attended the deceased fram	9-3- 1971 to 9-9-1971			
that (1) (we) last saw the deceased alive an 9-9-	19 71 and that in (aur) opinion death accurred on the date			
and haur and from the causes stated above. (1) (Me) (did) (did no	T view the bady after death.			
23A. SIGNATURE	Attending Med. Stoff A			
	Phys. Director Phys.			
23C. PHISICIANS S. J. DESAI M.D. DES	230. ADDRESS union Memorial Hospital.			
	CREMATORY 24D. LOCATION (City, town, or county) (State)			
Dured 19/12/11 of Johns Steuheim Bullo Co				
SEP 17: 1971 Just & E. Markey M.D.) O SIN RECTOR HEALTH SEPT. 256. NAME OF REGISTRAR OF RECTOR				
VS 150-REV. 1/1/68	The management Muyand Co			



DIRECTOR:

FUNERAL



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	Y HEALTH DEPARTMENT 71 8717					
BIRTH NO.	ATE OF DEATH REG. NO.					
T.NAME OF DECEASED ISADORE  (Type of Print)  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2. DATE AND HOUR OF DEATH  Q- 14-7/ 1 3:577 A.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY					
FULL NAME OF IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	MD 2730  C. CITY OR TOWN D. INSIDE CITY LIMITS?					
1/2	BALTIMORE YES NO [					
4/SINAI HOSPITAL	E. STREET AND NUMBER  2206 BONNIE RD.					
5. SEX ALE WHITEXX  OF MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH  9. AGE (in years II Under 1 Yr. if Under 24 Hrs. Menths Doys Haurs Min.					
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?					
EMPLOYEE RESTAURANT	BALTIMORE, MARYLAND USA					
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME					
MEYER LEVY	TILLIE ?					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ill yes, give war or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
NO 215-12-8985	MRS. GRACE LEVY, 3206 BONNIE ROAD #21215					
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A)MMEDIATE CA	USE Cardiac arrest 5-in					
	A CONSEQUENCE OF:					
injury or complication which coused death.)	1- 11					
ANTECEDENT CAUSES (B) A CL	TE PI					
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:					
UNDERLYING CONDITION last. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B PLACE OF INJURY (e.g.						
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
WAS PERFORMED						
OP CONTRICTING TICALISE OF Thomas form, foctory, street	in or about 21 C. WHERE DID (If In Baltimare City, give exect location) office bldg. INJURY OCCUR?					
DEATH (notify medical examined etc.)  DEATH (notify medical examined etc.)  DEATH (notify medical examined etc.)  DEATH (notify medical examined etc.)	21F. HOW DID INJURY OCCUR?					
(APPROXI White At Not With Work At Work						
22. I certify that (N (this haspital) attended the deceased from.	9-14 197/10 9-14 197/					
that (I)(we) last saw the deceased alive an 9-19	19 7/ and that in (my) (aur) apinian death accurred on the date					
and hour and fram the causes stated above. (1) (W) (did) (did not) view the body after death.						
23A. SIGNATURE	tending Med. Stoff DY 9-14-7/					
	tending Med. Stoff Phys. Stoff 9-/4-//					
NAME (Type) PETER ORUSZLAN MY	1819 Rambling Riolpe La #101					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C						
BURTAL 9-15-71 HEBREW YOUNG MEN	BALTIMORE, MARYLAND					
SEP 17 1971 Control of the second of the sec	SOLI LEVINSON & BROS., 6010 REISTERSTOWN ROAD					
V\$ 150-REV. 1/1/68						

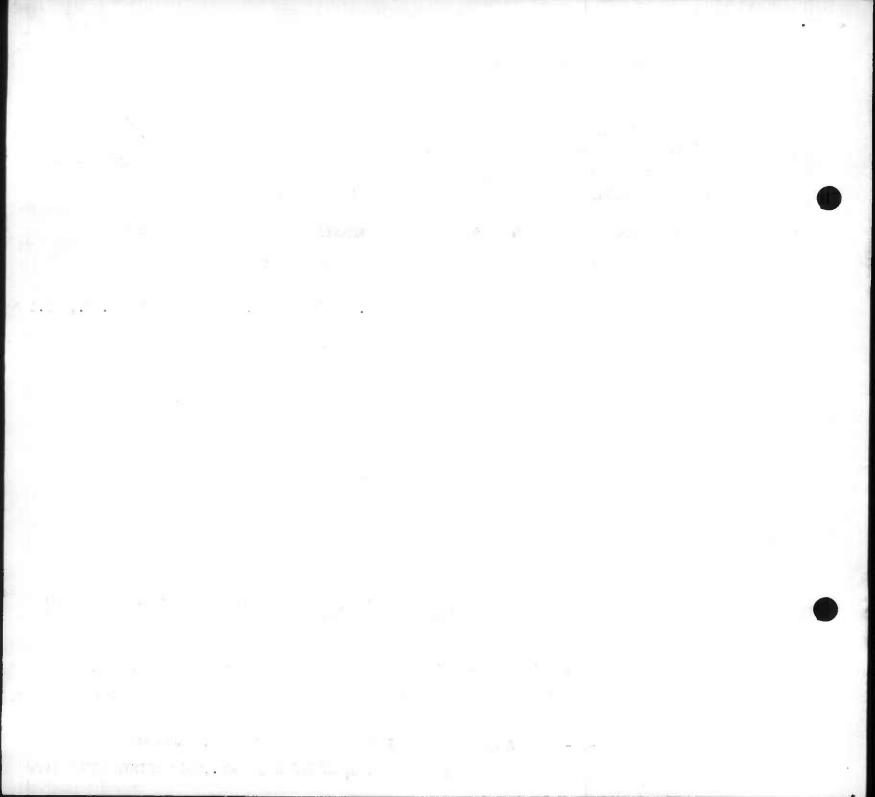
Children x Thirty and Children

IMPORTANT

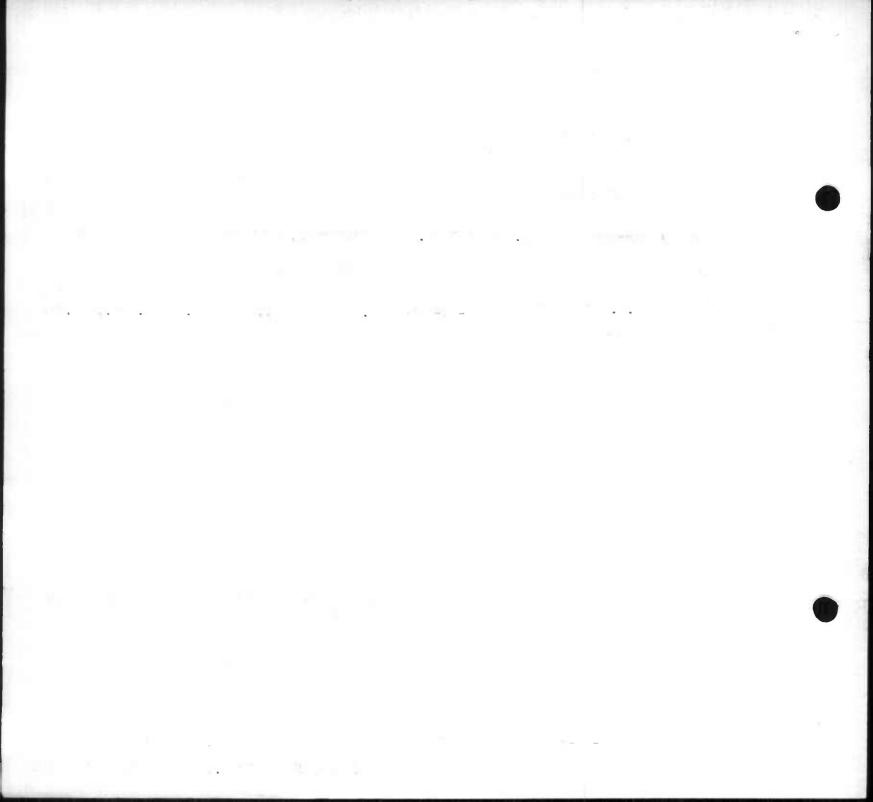
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

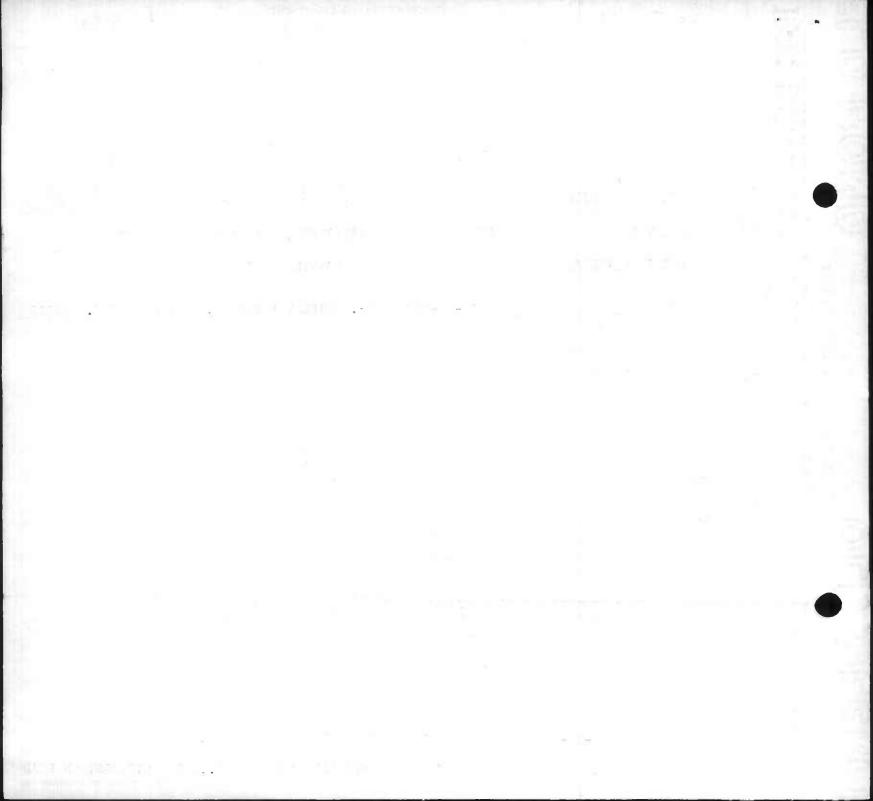


B-500 71 8719 BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. CERTIFICATE OF DEATH REG. NO. 71 8719
1. NAME OF DECEASED   2. DATE AND HOUR OF DEATH
13AVM, KUNIV
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
I singi Hospitul of Baltimore Inc. Baltimore YES NO
helveder treat. Greenspring. E. STREET AND NUMBER BY Wooded way \$7.08
S. SEX  6. RACE WHITE  WIDOWED DIVORCED DIVORCED 9. AGE (in yeors lost bighday)  Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
GENERAL MANAGER MD. CHICKEN CO. BALTIMORE, MARYLAND
13. FATHER'S NAME
SAMUEL BAUM SARAH SIRKIN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.
YES W.W. II ARMY 216-01-6006 MR. NATHAN BAUM, 6210 PK.HGHTS.AVE.,APT.703
18. / APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY
(This does not meen the mode of dying, e.g.,  (This does not meen the mode of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES BY A dygracal concinematosis
DISEASES OR CONDITIONS, if any, giving  DUE 10, OR AS A CONSEQUENCE OF:
rise to the obove cause (A) stoling the UNDERLYING CONDITION last. (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) or CONTRIBUTING   CAUSE OF home, lam, foctory, street, office bidg., INJURY OCCUR?
21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?    OF INJURY   (APPROX.)   White At   Not White
22. I certify that (i) (this hospital) attended the deceased from September 1, 1971 to September 1971
that (1) (we) lost sow the deceased alive on Selfewice 13 19 1/ and that in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE  The signature of the sig
23C. PHYSICIAN'S Dr 2. LAUSKY 23D. ADDRESS HOSPItal of Baltinore Inc.
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 9-15-71 SHAAREI ZION ROSEDALE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRARE
SEP 17 1971 Robert E. Janber M.D. SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD



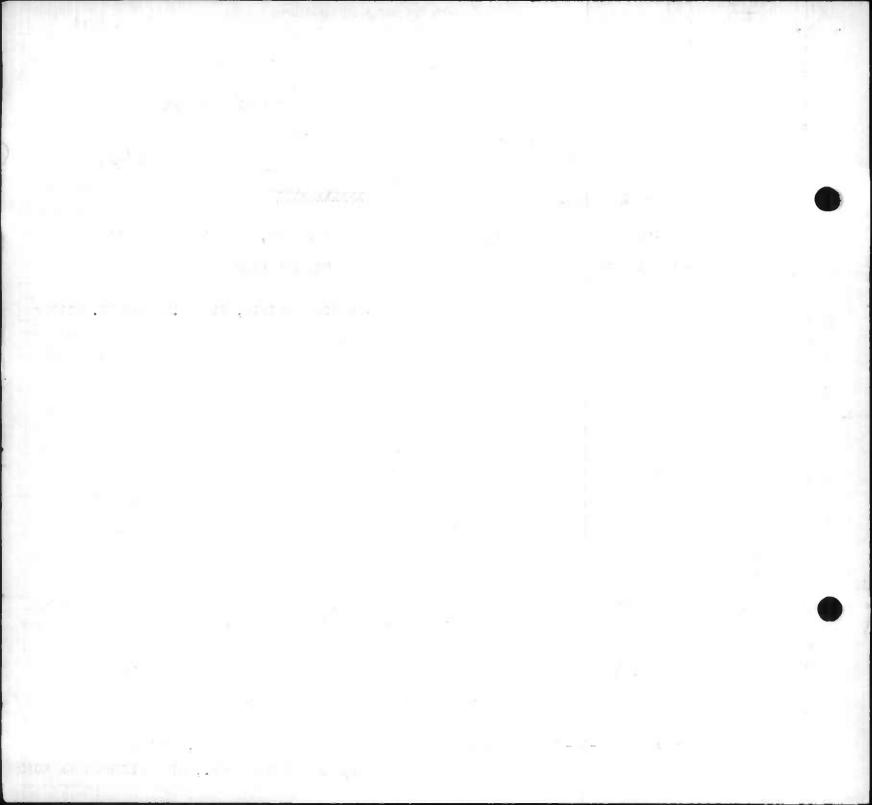
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.  1. NAME OF DECEASED  1. VALUE IN BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  2. DATE AND HOUR OF DEATH  1. USUAL RESIDENCE (Where deceased fived. It institution: residence before almissic  BIRTH NO.  1. NAME OF DEATH  2. DATE AND HOUR OF DEATH  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF DEATH  HOSPITAL OR ADDRESS OR LOCATIONI  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER  NO  E. STREET AND NUMBER
1. NAME OF DECEASED  IType or Print)  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATIONI  C. CITY OR JOWN  D. INSIDE CITY LIMITS?  YES NO  E. STREET JAND NUMBER  NOW AVE. 21715
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, It institution; residence before akmissic B. COUNTY  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER  OTHER STREET AND NUMBER
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATIONI  SALTO  E. STREET AND NUMBER  NO
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATIONI  C. CITY OR TOWN  D. INSIDE CITY LIMBS?  YES NO  E. STREET AND NUMBER  NOW AVE. 21215
E. STREET AND NUMBER  S. S. Nome Are. 21215
Worker Alex Tills
S. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years lost birthday)   Months   Days   Hours   Min.    ALE   HITE   WIDOWED   DIVORCED     V   V   V   V   V   V   V   V   V
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT done during most of working life, even if refired)
PRINTER SHOP BALTIMORE, MARYLAND USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
PHILIP FLINKMAN FANNIE ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO.  17. INFORMANT  ADDRESS
NO 216-09-1528 MRS. SHIRLEY FLINKMAN, 5503 NOME AVE. #21215
18. LA APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (C) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (C) IMME
hear failure, asthenia, etc. It means the disease, laijury or camplication which caused death.)
ANTECEDENT CAUSES ASCVD
DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING F TO THE DEATH BUT NOT RELATED TO THE TERMINAL  PULMOVERY  CHURCHET  CONTRIBUTIONS  PULMOVERY  CHURCHET  CONTRIBUTIONS  CONTRIB
DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A-DATE OF OPERATION 119B- CONDITION FOR WHICH OPERATION 120B- AUTOPSYS (Yes of No.) 20B- IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED  20A-AUTOPST? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, factory, street, office bidg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At The Not While The N
(APPROX.) While At Work At Work
22. I certify that (\$\frac{1}{2}\$ (this hospital) attended the deceased fram \( \frac{1}{2} \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
that (4) (we) last sow the deceased alive on 19 ond that in (4) (our) opinion death occurred on the da
and haur and from the causes stated above. (1) (We) (did (did not) view the bady after death.
23A. SIGNATURE  OVI MAD V. Sugara Med. Staff V. Staff Phys. Director Phys. V. 91371
23C. PHYSICIAN'S  NAME HTTPS:    Director   Phys.
TOPCIUNA 10 V. ECI ZAGA MIN
24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
BURIAL 9-15-71 CHIZUK AMUNO (ARLINGTON) BALTIMORE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25E. NAME OF REGISTRAR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROA
SEP 1 7 1971 SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAVS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

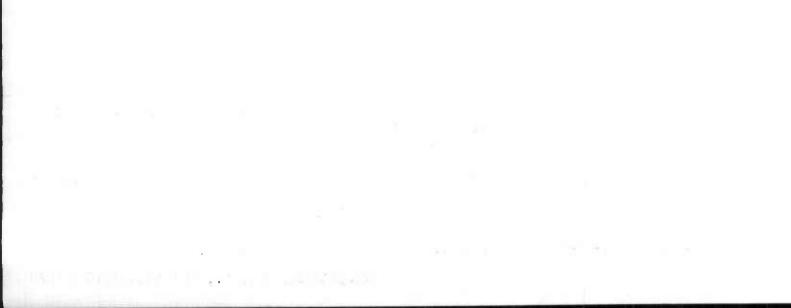
	Dan Ma	BALTIMORE CITY	HEALTH DEPARTMENT	V	N. W.		
	K-220 71 8721	1 8721					
	Typo or Print)	2. DATE AN	D HOUR OF DEATH	1130 0			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	13/6	14 USUAL RESIDENCE INTO	2/7/	// - T. M.		
	STATE IN SALIMONE MAKIEAND, WHERE PRONOUN	ICED DEAD	A. STATE B. COUN	TY	titution: residence beloro odmissign)		
	FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUT	TON, GIVE STREET	MD. KXXX	CXXXXXXXXXXXX	5300		
	INSTITUTION .	4	C. CITY OR TOWN	D. INSID	E CITY LIMITS?		
	Stray Hosp of Balt	the same of the sa	BALTIMORE  E. STREET AND NUMBER		YES NO		
<u>.</u>	12	7107 PLYMOUTH ROAD					
- Dan	SEX 6. RACE / 7. MARRIED	NEVER MARRIED		9. AGE (In years last birthday)	Il Under 1 Yr. Il Under 24 Hrs. Manths! Days Hours! Min.		
. H	EMALE IN HITE WIDOWED	DIVORCED	KKYXXXAXXXX	121	Manths Days Hours Min.		
	OA, USUAL OCCUPATION (Give kind of work 108, KIND OF Blone during most of working life, even if refired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country!	12. CITIZEN OF WHAT COUNTRY?		
nosition	CLERICAL RETA	ATI.	BALTIMORE,	MARYLAND	USA		
S II	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM				
2	MEYER REISIG		PAULINE KA	ATZ			
5	5. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT		ADDRESS		
3	res, no or unknown) (if yos, give war or dates of service)	SECURITY NO.					
	NO	CAUCE OF BEAT	MISS HILDA REIS	IG, 7107 PLY	MOUTH RD. #21208		
5	18. 4/0101	CAUSE OF DEATH		110	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	HCUTE	Myocardia	Infarct	ion 4 days		
	(This does not mean the mode of dying, e.g.,						
3	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	heart foilure, asthenia, etc. It means the disease					
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
5	inse to the chove cove the signing life						
	ONDERLING CONDITION 1985	(c)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WH WAS PERFORMED  21A ACCIDENT WAS UNDERLYING [7] 121B FILE  121B FILE  121B FILE  13B	HYPE	RTENSION				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	20A. AUTOPSY? (Yes or No)	000	***************************************		
	WAS PERFORMED	HCH OFERATION	A/AUTOPSTATION OF HOM	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
	21A. ACCIDENT WAS UNDERLYING 21E. PL OR CONTRIBUTING CAUSE OF home.	ACE OF INJURY (e.g., in	or about 21 C. WHERE DID	Uf In Rollimore	City, give exoct lacotion)		
0	OR CONTRIBUTING CAUSE OF home, etc.)  DEATH (notify medical examined)  21D.TIME (Month) (Dayl (Year) (Hour) 21E, IN White	farm, factory, street, off	co bldg. INJURY OCCUR?	ht in boilingio	Chy, give exect account		
3	21D. TIME (Month) (Dayl (Yeor) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?			
	I (Apppedix)						
	Werk L At Work L						
	Sept 12						
	that (H) (we) last saw the deceased alive an			t in (my) (aur) opini	an death accurred an the date		
	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.						
	An Sun D.	M. A. Atten	ding Med	Shoff [	3B. DATE SIGNED		
5	23C. PHYSICIAN'S	DEGREE Phys.	Director L 1	hys.	7/12/7/		
5	NAME (Type)	W C M N	3D. ADDRESS	In re	1. 1. 04 101		
2	I IAN SUNSI	TINE GEGREE	show 150 you	1 120cd.	me, pay, Md		
2	4A. BURIAL CREMATION, 24E. DATE 24C. NAM	LE of CEMETERT OF CREE	MATORY 24D. LO	CATION (City,	town, or county) (State)		
- 11	BURIAL 9-14-71 BALT	FIMODE HEDDEN	D	ALTIMORE, MA	DVIAND		
		TIMORE HEBREW	D	THE THOUGH I'M	IVI DIVID		
2	SA. DATE REC'D BY HEALTH DEPT. 25R. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS		
		REGISTRAN	25C. FUNERAL DIRECTOR				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	7 150		BALTIMORE CITY	HEALTH DEPART	MENT		1-1/4		
BIR	H NO. 71 8	722	CERTIFICA	TE OF DEA	ATH	REG. NO.	11	8722	
	AME OF DECEASED	I harhar		2.	DATE AND	HOUR OF DEA	TH		
Live	e or Print) HARRY GO	DLNICK			Sente	ember 13,	1971	5:45	Α/
3. 1	LACE IN BALTIMORE, MARYLAND, W		UNCED DEAD	4. USUAL RESIDER	NCE (Where	deceosed lived.	If institution:		mission)
HO	SMIAL OK ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	MARYI C. CITY OR TOWN				151	3
	TITUTION					D. 1	INSIDE CITY L		
	EVINDALE HEBREW GERI	IATRIC C	ENTER	E, STREET AND N	I MORE IUMBER		YES	NO	
Z	AND HOSPITAL			2708	BOARMA	AN AVENUE			
5. S	6. RACE WHITE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19.	AGE (In years	1 44 44 4	Pr. If Under	
_	Male Human	WIDOWED	Y DIVORCED	1884	100	st birthdoyl 83	Months	Days Hours	Min.
10A.	USUAL OCCUPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sie	ote or foreign	n country)	12. CITI	ZEN OF WHAT CO	OUNTRY?
done	during most of working life, even it retired) SELF EMPLOYED	TAT	LOR	RUSSIA			us	•	
13. [	ATHER'S NAME	I I	DOK	14. MOTHER'S MA	IDEN NAM	E			
	GC	OLNICK				•			
15. V	Vos Deceosed Ever in U. S. Armed For	cos?	1 6. SOCIAL	17. INFORMANT				ADDRESS	
(Yes	no at unknown) (If yes, give wor at date	s of service)	SECURITY NO.						
II	NO			MRS. BETT	Y DRES	SER, 3501	BEAGLE		
	18. 4/231		CAUSE OF DEATH	1				APPROXIMATE IN	
	DISEASE OR CONDITION DIS LEADING TO DEATH	RECTLY							
	(This does not meon the mode of dying, e.g.,  (A) MMMEDIATE CAUSE Pulmonary Congestion & edema Hours  DUE TO, OR AS A CONSEQUENCE OF:								
	heart failure, asthenio, etc. it means the disease, injury at complication which caused death.)								
	ANTECEDENT CAUSES (B) Arteriosclerotic Heart Disease						Vacance		
	DISEASES OR CONDITIONS, II	any. aivina	DUE TO, OR AS	A CONSEQUENCE C	neart OF:	Disease		Years	
	rise to the above cause (A)	sloling the							
$\  \ \ $	UNDERLYING CONDITION last.		(c)			****			
z	OTHER SIGNIFICANT CONDITIONS CO	ALTOHOLITIM O							
lĝi	OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION GIVEN IN PAR	IE TERMINAL	***************						
IFI.		DITION FOR Y	HICH OPERATION	20A. AUTOPSY?	Yes XXXX	20B. IF YES, WE	RE FINDINGS	CONSIDERED	
ERT	21A. ACCIDENT WAS UNDERLYING	lean				Ye	S		
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)		PLACE OF INJURY (e.g., in e, larm, foctory, street, off	i or about 21 C. WHER	CCUR?	(if in Bolti	mare City, give	e exoct locotion)	
ō	21 D. TIME (Month) (Day) (Year	(Houd 21E	INJURY OCCURRED	21f. HOW	DID INJUI	RY OCCUR?			
W	OF INJURY (APPROX.)	Whi	le At   Not While	I					
	22. I certify that (N (this hospital			ust 16	10	50to_Se	ntember	13 197	1
	hat 🔅 (we) last saw the decease			97.4				h occurred on t	
	and hour and from the causes stat					intmit (doi)	sprinon dedi	n occurred on 1	ne date
	3A. SIGNATURE	0/	(tyo) (old) Whatlath Vi	ew the body dire	r death.	X	23R DAT	E SIGNED	
	Toronte	11/1	Dh.m	nding Med.	or Si	haff pys.		ember 13,	197
	23C. PHYSICIAM'S NAME (Typel	1	DEGREE	3D. ADDRESS	IOI CELL PR	178. —	осре	ember 13,	17/1
	THEODORE R	RETFE	M.D.	LEVINDAL	E				
24A	BURIAL CREMATION, 248. DATE REMOVAL (Specify)		ME of CEMETERY OF CRE		24D. LOC	CATION	(City, town, o	r county!	Statel
	BURIAL 9-14-71	11./	ALTIMORE HEBRE			TIMORE, N			
25A		258 MANIE O	CREGISTRAN	25C. FUNERAL E		ranolus, l	WALL DAM	ADDRESS	

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD SEP 19/1 VS 150-REV. 1/1/68



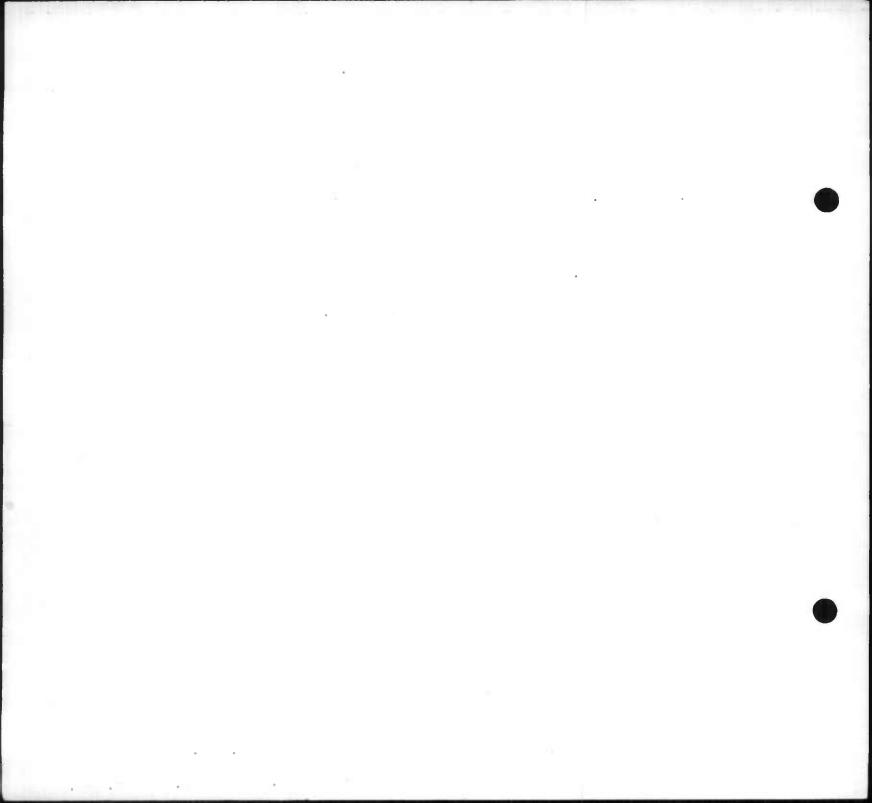
Strategy of a contract

- E

	M-200	) '71 8	8723		HEALTH DEPARTMENT		71 8723
1.	NAME OF DECEA	4	) [ AC	,		AND HOUR OF DEATH	
1	ype or Print)	MAY	Ada /	MASSEY	1	5/10/	1/10
3.	PLACE IN BALTI	MORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V A. STATE B. CO	Where deceased lived. II in	stitution: residence before admission)
II H	ULL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	Md.	In INISI	DE CITY LIMITS?
		Gould Conva	1		Baltimore	J. 114311	YES NO
	70	dourd Conva	. resartum	<u> </u>	E. STREET AND NUMBER		ld Avenue
5.	Female 6.	White	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
			WIDOWED		June 2, 1904	67	Months Doys Hours Min.
qo	ne during most of wor	ATION (Give kind of wor king life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or I	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Housewife				Maryland	1	USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME	
		William	Renner			Ada Jo	hnson
15. (Ye	Wes Deceased Every no or unknown) (II	er in U. S. Armed Fe. yes, give wor or dote	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			WD705-05-6065	Mrs. Myrtle S	chwartz,3315	Moravia Ave. #14
	18.	2.91		CAUSE OF DEATH			APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY		2	,	BETWEEN ONSET AND DEATH
		ADING TO DEATH mean the mode of	dvina an	(A) IMMEDIATE CAU		Strepen	-
	hear failure, as	henia, etc. Il means	the disease	DUE TO, OR AS A	CONSEQUENCE OF:		
1		calian which caused		R -	1- N		
		CONDITIONS, if		(B) Vanh	Chillen In	officer	months.
	rise to the	abave couse (A)	sloting the	DOE JO, OR AS	A CONSEQUENCE OF:	Λ.	
l	UNDERLYING C	CONDITION last.		(chilling	linky Cereboon	In Orsian	year
z	OTHER SIGNIFICA	11	LITAIN I TO LO	0 0		^	
	TO THE DEATH E	NT CONDITIONS CO	HE TERMINAL	Good, Connect	- How drike.	Convelient Per	
CERTIFICATION	19A. DATE OF OF	PERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B IF YES WERE FI	NDINGS CONSIDERED
	0	WAS PERI	FORMED		2 -	IN CERTIFYING CAU	SES OF DEATH?
11	21 A. ACCIDENT	WAS UNDERLYING	21B,	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(II In Boltimore	City, give exact location)
CAL	DEATH (notify me	dicol exominer)	etc.)	, tom, tociory, sheet, en	ce bldg., INJURY OCCUR?		
MEDI	21D. TIME (NO INJURY	Nonthi (Doyl (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
2	(APPROX.)		Whil	e Al  Nol While			
	22. I certify the	nt (I) (th <del>is loopte</del> el			4/27/	_19 <b>_7/</b> to	9/15/21
		st saw the decease		9/	11/ 21		7/15/197/
				( <del>W)</del> (did) ( <del>dil-1)</del> vi	ew the body after death	inor in (my) (our) opini	an deoth occurred on the date
	23A. SIGNATURE	1- 1		(4.0) (0.0) (4.0) (1.	ew the body differ death		23B, DATE SIGNED
II	Alle	- B Bud	1.	Atten	ding Med.	Staff Phys.	9/1-12
	23C. PHYSICIAN'S		7	OEGREE Phys.	Director L	Phys. L.J	11/8/1/
	NAME (Type)	Albert	B. Bradl			ltimore, Md.	·
24/	BURIAL CREMA	TION, 24B. DATE	24C. NA	ME OF CEMETERY OF CREA			, town, or county) (State)
	Burial	9/18/		timore Cemete		Baltimore,	
254	- DATE REC'D BY	HEALTH DEPT.	25B. NAME OF	REGISTRAR			
	SEP 17		E. Jabe	A.D.	Leonard J: Ri	ick, Inc. Balt	o. Md. 21214
I L	150-REV. 1/1/68	10/1	1			,	

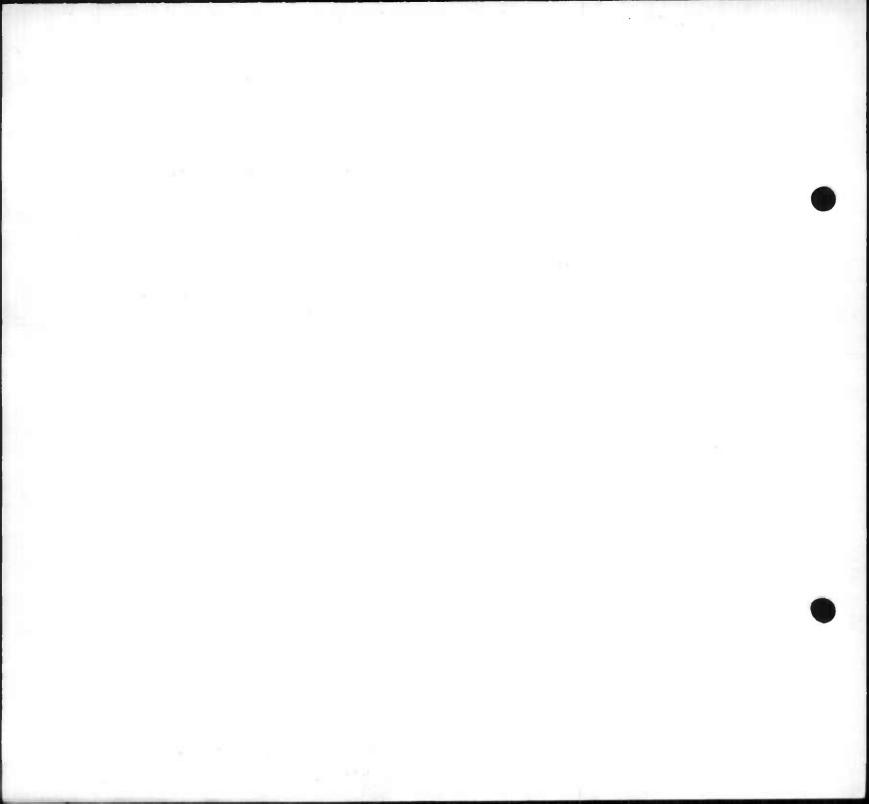
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B-615 6 9 71 8724 BALTIMORE CITY HEALTH CERTIFICATE OF	
1. NAME OF DECEASED BRABHAM FRANCIS M.	2. DATE AND HOUR OF DEATH 9 14 71 17-35 6
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL A. STATE	RESIDENCE (Where deceased lived, If institution residence before admission)  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C.CITY O	10
Maryland General Ha Sp. Ball	timore YES NO
42	Ol Glenmore Ave.
M. W. W. WIDOWED DIVORCED 9.	18.01 lost birthdoy) 69 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP done during most of working life, even if retired)	LACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY?
Contractor 13- FATHER'S NAME	Mod. USA
17. 77.01	ER'S MAIDEN NAME
Thomas J. Brabham  15. Wes Decessed Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORM	Cora Austin
(res, no or unknown) (if yes, give wor ar dotes of service) SECURITY NO.	Cucio Duchham
THE CAUSE OF DEATH OF	LAND SAND TONE O APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying an (A)IMMEDIATE CAUSE	ENCE OF
hoort lailure, asthenia, etc. It means the disease, injury at camplication which caused death.)	7/
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUATION of the abave cause (A) stating the UNDERLYING CONDITION last.	UENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	lure.
198. CONDITION FOR WHICH OPERATION WAS PERFORMED Con Stoward.	TOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory Street, office bldg., IN	C. WHERE DID (If In Boltimore City, give exect location)
1510	F. HOW DID INJURY OCCUR?
Work Al Work	
22. I certify that (1) (this haspital) attended the deceased from	19 7/ to 9/19 7/
that (I) (we) last saw the deceased alive an	and that in (my) (aur) opinian death occurred on the date
and haur and fram the causes stated abaxe. (1) (We) (did) (did nat) view the bac 23A. SIGNATURE	dy after death.   238. DATE SIGNED
Attending Phys.	Med. Director Phys. 2
23C. PHYSICIAN'S C. GAKUBA 23D. ADDRES	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	24D. LOCATION (City, lown, or county) (Stote)
Burial 9/18/71 Parkwood	Balto. Md.
1 CED 129 WIND DAME ALL AGREEMENTS IN THE 13 TO A 12	NEEAL DIRECTOR ADDRESS
VS 150-REV- 1/1/68	nard J. Ruck Inc. Balto. Md.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	J-525 71 87	25	BALTIMORE CITY CERTIFICA			X REG. NO	17/4 0	725
I learn	NAME OF DECEASED		<u> </u>	01			7.L G	1750
(T)	pe or Print) To all to a com	11	m		2. DATE A	ND HOUR OF DEATH	Н	.50
3.	PLACE IN BALTIMORE MARYLAND, WH	TERE PRONOU	INCED DEAD	4. USUAL I	RESIDENCE (WH	ere deceased lived. If	institution; reside	P M. ence before admission)
Ηн	ILL NAME OF STITUTION (IF NOT IN HOSPITAL OR ADDRESS OR LOCATED	IION)	TION, GIVE STREET	C. CITY OR		timore .	SIDE CITY LIMIT	5300
	1 Bon Secours	1 Nos	P	Wood		0.7114	YES [1]	NO E
15					ND NUMBER		153 [1]	NOLA
				1		mery Avenue,	21207	
5.	SEX   6- RACE   7	· MARRIED [	NEVER MARRIED	8. DATE OF		AGE (In yours		V. W. (1-1 24-11-
10	$r \mid \omega \mid$	WIDOWED	DIVORCED	19/	5/86	lost birthdoy	If Under 1 Manths Da	Ys. If Under 24 Hrs. Haurs Min.
do	LUSUAL OCCUPATION (Give kind of work)	OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (Stota or for	eign country)	12. CITIZEN	OF WHAT COUNTRY?
r	one			VU	iginia	,	()	SA
13.	FATHER'S NAME				S MAIDEN NA			<i></i>
	Compto				? unkne	own		
(Ye	Was Deceased Ever in U. S. Armed Farce s,na ar unknown) (If yas, give wor or dotes	of service)	SECURITY NO.	17. INFORMA	, 5929	Montgomery	Avenue	DRESS
-	18.				Musi	sand /4	Enry JE	nkens
	DISEASE OR CONDITION DIRE	CTLY	CAUSE OF DEAT	1			BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
	(This does not mean the mode of duing a a (A)IMMEDIATE CAUSE ASCUD and CHF.							
	(This does not mean the mode of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or camplication which coused death.)							
	ANTECEDENT CAUSES							
(8)								****************
	rise to the above cousa (A) stating the				NCE OF:		1	
	11		(c)	***************************************				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	TERMINAL	***************************************	<b>66</b> diam'ny aostata any a <sub>184</sub>	M*************************************			
IFIC	19A-DATE OF OPERATION 19B CONDI	TION FOR WI	HICH OPERATION	20A AUTO	PSY? (Yes ar N	a) 208, IF YES, WERE	FINDINGS COI	VSIDERED
ERT	( )			1	10.	IN CERTIFYING CA	USES OF DEAT	TH?
MEDICAL C	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical exomined	21 B, F home, elc.)	LACE OF INJURY (e.g., ir farm, factory, straet, of	ar about 21 C.	JRY OCCUR?	(If In Baltimo	re City, give exc	oct lacotion)
2	21 D. TIME (Month) (Day) (Year) ( OF INJURY	Houd 21 & 1	NJURY OCCURRED	21 F.	HOW DID IN	URY OCCUR?		
2	(APPROX.)	While	At Work					
	22. I carrify that (I) (this hospital)							
	22. I certify that (I) (this hospital) of	-tr.	So of //- /p	50.0		19 <u>2/</u>	ept /15	19_2/
	that (i) (we) lost sow the deceased alive an Sept 15 10 20 and that in (my) (our) opinion death occurred on the date and hour and from the courses stated above. (i) (We) (did) (did not) view the body after death.							
	23A. SIGNATURE						23 B. DATE SIG	ENED
	23C. PHYSICIANS	eny r	1. D. OEGREE Phys.	ding 🔲	Med. Director	Staff Phys.	ì	
	23C. PHYSICIAN'S NAME (Type)	7	OEGREE PRYS	3D. ADDRESS	Director L.J	Phys.	Sept	115/21
	NAME (TYPE)	411.1	1			10		
24A	BURIAL CREMATION, 24B DATE REMOVAL (Spacify)	24C.NAN	ME of CEMETERY OF CRE	MATORY	24D. L	CATION (C	ity, tawn, ar cau	T. Md.
	Burial 9/18/71		aine Park Cem		1	timore, Md.		
25A		BONAME OF	REGISTRAR	25C. EUNE	RAL DIRECTOR	)		DDRESS
	SEP 17 19/1 Value	Co decen		Witzk	é, 1 <del>6</del> 30	Edmondson a	venue, 2	1228
VS	50-REV. 1/1/68							



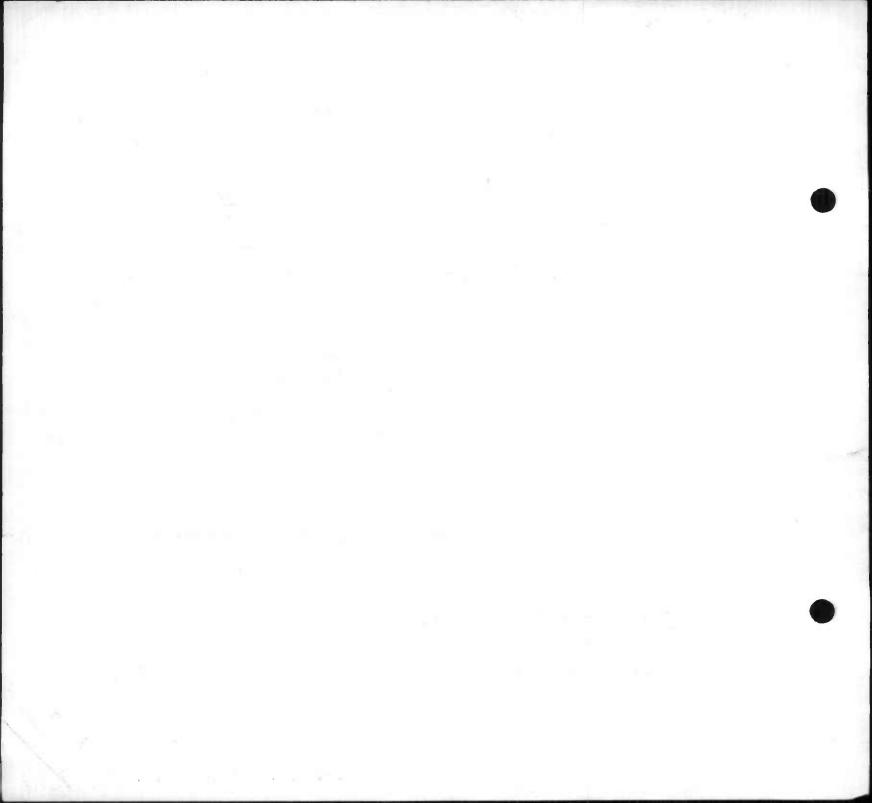
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1	- 300 1. 8726 C		HEALTH DEPARTMENT TE OF DEATH	X REG. NO	71 8726
11.	NAME OF DECEASED			ND HOUR OF DEATH	
l(1	re or Print Pittman alice			10-71	25
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD	4. USUAL RESIDENCE (Who	ere deceased lived. If ins	stitution: residence before admission)
H 11	JLL NAME OF OSPITAL OR INSTITUTION, GIOSPITAL OR INSTITUTION, GI	VE STREET	C. CITY OR TOWN	D. INSIG	DE CITY LIMITS?
9	Mr. Sinai Nursing Hor	ne	E. STREET AND NUMBER	Box 11	YES NO.
5.	SEX 6. RACE 7. MARRIED NEVER	MARRIED 🗍	B. DATE OF BIRTH	9. AGE Iln years	If Under 1 Yr., If Under 24 Hrs.
	1 11 On 5	IVORCED	15-8-55	lost birthdoyl	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	USUAL OCCUPATION (Greekind of work 108, KIND OF BUSINESS to during most of working life, even if refired)	OR INDUSTRY	11. BIRTHPLACE IState or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
IL	FATHER'S NAME		Chas, Co. M.	Paryland	U.SIA.
	chakmany It. WAd	e	14. MOTHER'S MAIDEN NA	mail	Washington
15, (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! Of yes, give wor or doles of service! SECUI	IL RITY NO.	17. INFORMANT	0. 0	P.O. Dox 45-70
L	577-	16-50340	New Mobert 1	titlman, Jan	Wash D.C.
		ISE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Cerebral Va	rolloe.	140
		IMMEDIATE CAUS	CONSEQUENCE OF:		
-	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, it any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION last. (C).		CONSEQUENCE OF:		
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	************			
ERTIFIC	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPEN WAS PERFORMED	RATION	20 A. AUTOPST? (Yes or No	20B. IF YES, WERE FILL IN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYIND 21B. PLACE OF home, form, for DEATH (notify medical examiner)	tNJURY (e.g., in tory, street, offic	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Baltimore	City, give exact location)
MEDI	21D.TIME (Month) (Doy) (Year) (Hour 21E INJURY O		21 F. HOW DID INJ	URY OCCUR?	
~	(APPROX.) While A1 Work	Not While At Work			4
	22. I certify that (I) (this hospital) attended the decease	ed from	8/30	197/ 10 9	9 197/
l	that (I) (we) last saw the deceased alive an	119	19 7/ and the	at In(my) (aur) apini	lan death accurred on the date
	and have and from the causes stated above. (1) (We) (dia	d) (dld nat) vle	w the bady after death.		
	Estevand D. Halling M	Attend	ding Med.	Staff Phys.	23B, DATE SIGNED
	23C HTSICIAN'S NAME (Typel	DEOREE	D. ADDRESS	K HAS AV	- 11 /0/ //
24/	BURIAL CREMATION, 24B. DATE 24C, NAME of QE	DEGREE RETERT OF CREA		CATION (City.	Town Towns Assert Control of the Con
	SURIA 9-14-71 St. P. DATE REC'D AT HEALTH DEPTY - 1258 MAMP OF REGISTER	eters	Church 1	Valdort	MARYLAND
	SEP 17 1971 068 (FE) Verber 74	<b>3</b> 000	Martell ?	Idams.	CALLADES MA.
VS	150-REV. 1/1/68				/

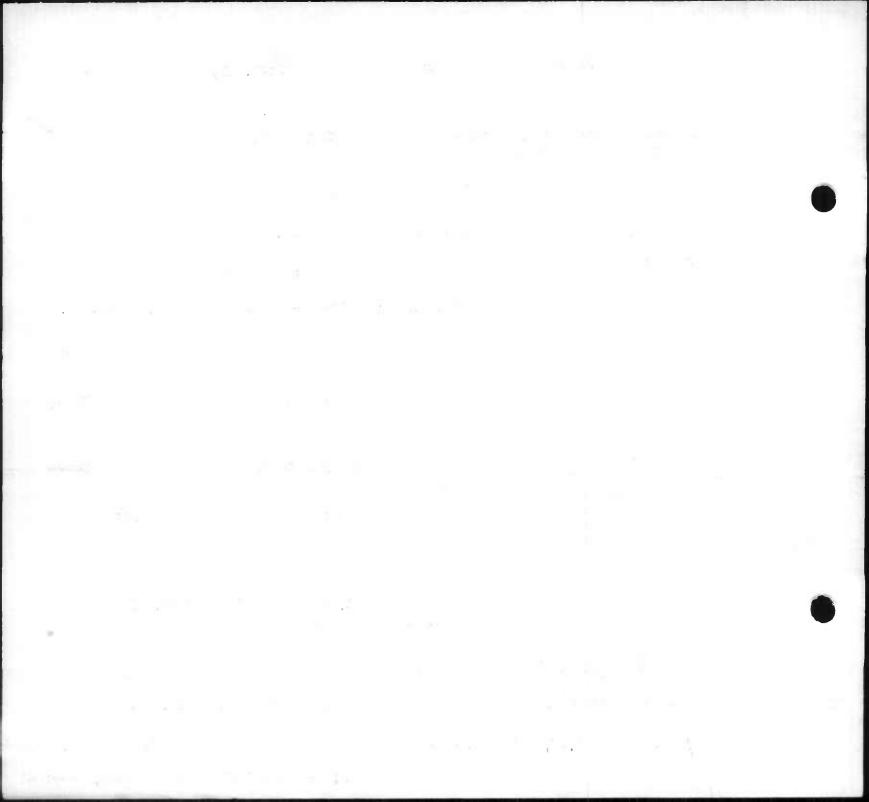
Chas Co Municipal 21 - "  IMPORTANT

DIRECTOR:

FUNERAL



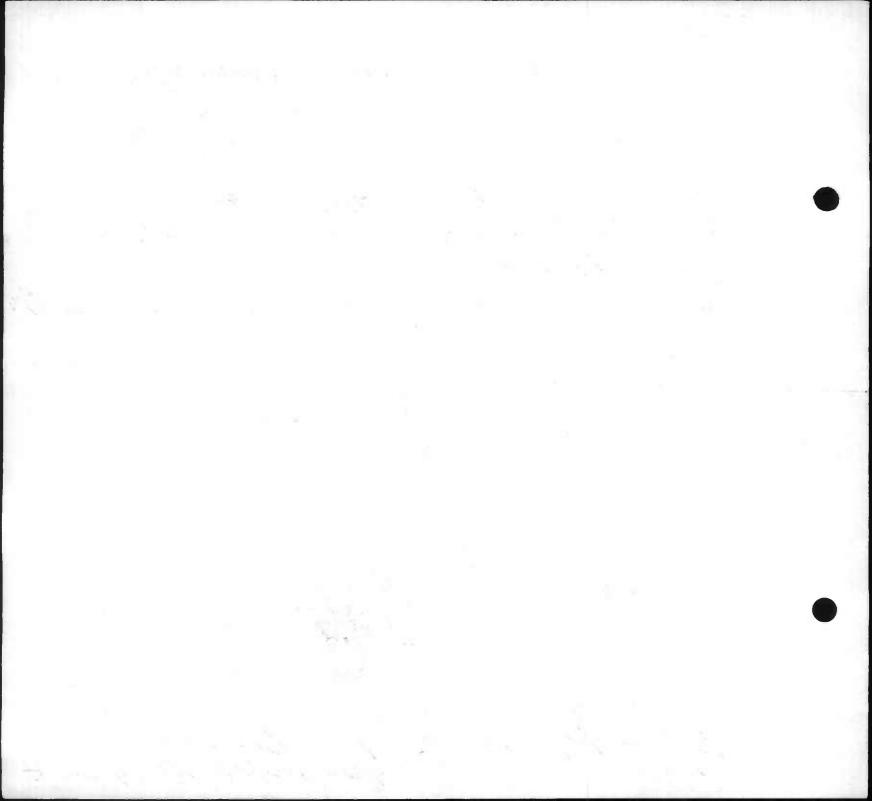
VS 150-REV. 1/1/68



VS 151-REV. 1/1/68

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	P FAZ i SMOO BALTIMORE CITY HEALTH DEPARTMENT 71 8730
	CERTIFICATE OF DEATH  REG. NO
1	MANUEL OF DESCRIPTION
	pe of Print ESTELLE BINGWATER SEPTEMBER 15, 17/1 130/ A M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FLH	OSPITAL OR ADDRESS OR LOCATION)  STITUTION  STITUTION  GIVE STREET  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	INIVERSITY HOSPITAL BALTIMORE YES NO DESTREET AND NUMBER
	2428 GUILRORD AVB
),	6. RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In yeors of bighdoy)  Months: Doys Hours Min.
10	USUAL OCCUPATION (Give kind of work) OR KIND OF BUSINESS OR INDUSTRY 11 BROTHER ACE (State of Control of Contr
90	FOTERIA WORKING LINE OF WHAT COUNTRY?  WESTERIA WORKING OF WILL COUNTRY?  WESTERIA WORKING OF WILL COUNTRY?
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1/2	FRANK OUNDS ALICE
15. (Ye	Was Deceased Ever In U. S. Armed Farces?  s, no or unknown) (If yes, give wor ar dotes of service)  1 6. SOCIAL  17. INFORMANT  ADDRESS  ADDRESS
	NO 214 14 9488A FOLLOWITH TOBORTS 2435 GUILLORD
	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (A) IMMEDIATE CAUSE COVE Drovascular accident / Man +1
	(This does not mean the mode of dying, e.g., heart loilure, osthenia, etc. II means the disease, injury or complication which caused death.)
11	ANTECEDENT CAUSES has a tors of the tors
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ATION	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
CERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, foctory, street, office bidge, INJURY OCCUR?  DEATH (notify medical examinet)   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
~	(APPROX.) While At Work At Work
	22. I certify that (1) (this hospital) attended the deceased from 9/5/7/19 to 9/15/7/19
	that (97 (we) lost sow the deceased alive on 4/15/7/ 19 and that in (97) (our) opinion death occurred on the date
	and hour and from the causes stated above. (Me) (did) (We) view the body ofter death.
	23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED
	Olive W ly Mr. DEGREE Phys. Director Phys. A 7/15/7/
	23C. PHYSICIAN'S NAME (Type)  TRA WEXLER IVI.D. UNIVERSITY HOSPITAL, BALTO.
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel
1	June 7/10/71 /IN Carrary Do LTO MAN
25/	SEP 17 1371 Judge & Railey M. D. January Strategy September 18 8 18 18 18 18 18 18 18 18 18 18 18 1
VS	150-REV. 1/1/68



IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

Came to the eller A. H.

from Grunnelle State Help

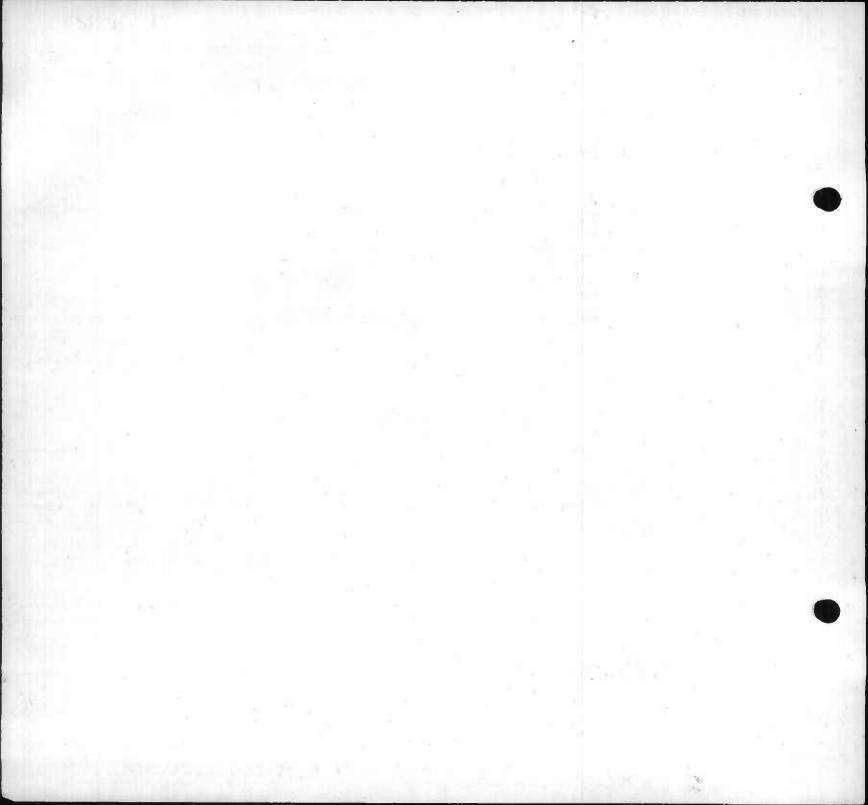
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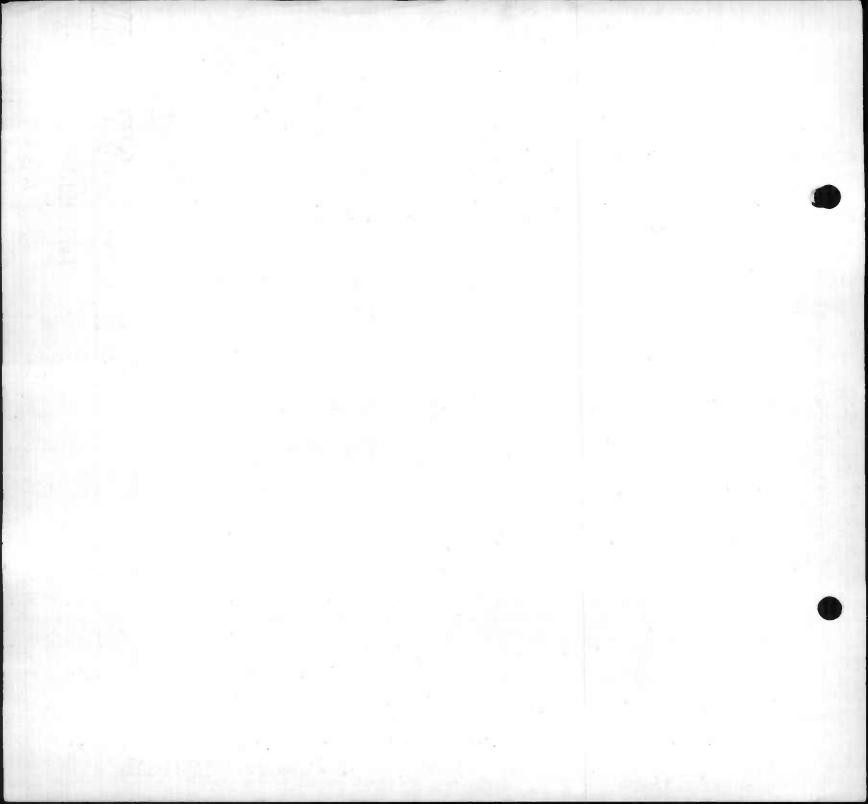
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6	100 74 0000	BALTIMORE CITY	HEALTH DEPARTMENT	/ 104.4	12.
	-400 1 8732 TH NO. 71-15642	CERTIFICA	TE OF DEATH	REG. NO.	8732 4
(Тур	AME OF DECEASED  OF PRINTING B  POUR  PLACE IN BALTIMORE, MARYLAND, WHERE PROPERTY.	Vell BABY B	4. USUAL RESIDENCE (When	D HOUR OF DEATH	3 PM
FUI	LL NAME OF (IF NOT IN HOSPITAL OR INS SPITAL OR ADDRESS OR LOCATION) TITUTION		A. STATE 8. COUN  MARYLAND  C. CITY OR TOWN	7	2004 ECITY LIMITS?
11	BON SECOURS HO.	SPITAL	BALTIMORE E. STREET AND NUMBER	-	YES NO .
s. s	EX 6. RACE 7. ALADBII		8. DATE OF BIRTH	9. AGE (In years	K II. 1 . 1 V. K II. 1 . 0/ II.
10A	USUAL OCCUPATION (Give kind of work) 108, KIND aduring most of working life, even if retired)	ED DIVORCED	9/14/71	los1 birthdoyl	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	1 EDINE PANTELL		Q VIITHIA	JONES	
15.	Was Deceased Ever in U. S. Armed Forces? ,,no of unknown) (If yes, give war or dotes of servic	1 6. SOCIAL	17. INFORMANT	JONES	ADDRESS
(162	, no or unknown, ur yes, give war or doles of service	e) SECURITY NO.	MATHER		
	18.7/94	CAUSE OF DEATH	I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This daes nal mean the made of dying, e heart failure, osthenia, etc. It means the disea injury or camplication which caused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, givinise to the obave cause (A) stoling the UNDERLYING CONDITION to st.	(8)	A CONSEQUENCE OF:	J	for insulvery
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINADISEASE OR CONDITION GIVEN IN PART 1 (A).	AL			
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., ir home, farm, foctory, street, of etc.)	ar obout 21C. WHERE DID INJURY OCCUR?	(If In Boltimore	City, give exoct location)
	OF INJURY	21E. INJURY OCCURRED  While At Not While At Work		URY OCCUR?	
	22. I certify that (1) (this haspital) attende that (1) (we) last sow the deceased alive o		P/49/14 11 ond the		on death occurred on the date
	and hour and from the couses stated above	. (1) (We) (did) (did not) v	iew the bady ofter deoth.		
	23A. SIGNATURE	Atte	nding Med.	Stoff [	23 B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) Edwin H. T. Bes	SO 1	3D. ADDRESS	Phys. L	B12(2)
24A	BURIAL CREMATION, 248. DATE 24C	NAME of CEMETERY OF CRE	MATORY 24D. C	OCATION (City,	town, or county) (State)
C		BON SECOURS 1	Hospital 20	25 W. FAYET	te St. Balt. Md.
25A	SEP 17 1971 Uade 4. 4846	REGISTRAD	HOSPIT	AL DISPUSA	AL
VS	150-REV. 1/1/68				

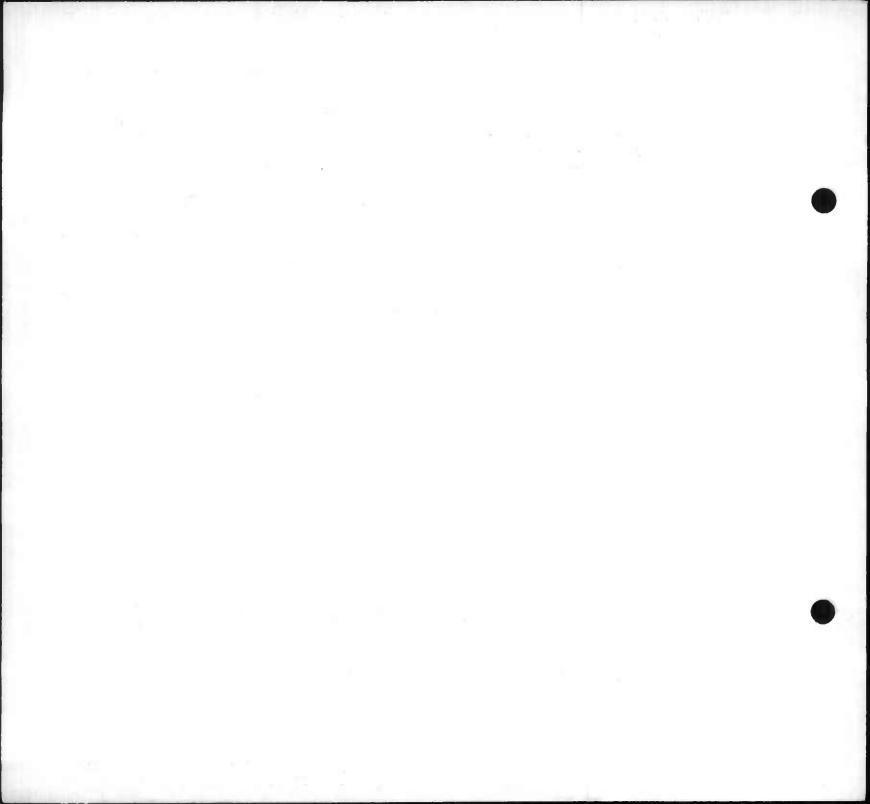


the body was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior ta death. Such written approval must be obtained before the remains are embalmed or final dispasition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0 (2)	BALTIMORE CIT	Y HEALTH DEPARTMENT	. /	in a
BRITH NO. 71-1564/ 8733	CERTIFICA	ATE OF DEATH	REG. NO	71. 8733 7
Type or Print	1/ RARY Gir	2. DATE ANI	HOUR OF DEATH	2 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN		titution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN		2004 DE CITY LIMITS?
BON SECOURS HO	(1,-1)	BALTIMORE		YES NO
BON SECOURS 140	3P177+L	2/31 HOLL	WS 50	<i>5</i> ,
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED		ost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
FEMALE NEGRO WIDO		9/14/71		1 30
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OL BOSINESS OK INDOSIK	TII. BIKIMPLACE (Stote or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1 E	
REPUIS PAULS	5/1	CUNTHIA	JANES	
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] (If yes, give war or dotes of ser	16. SOCIAL SECURITY NO.	17. INFORMANT	VUNES	ADDRESS
Tres, no or anknown, in yes, give war or acres or ser	SECORITI NO.	MOTHER		
18.	CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		D 1	1	
LEADING TO DEATH (This does not meen the mode of dying,	(A) IMMEDIATE CA	USE TY L MATUY!	ty 1166	103 Newborn
heart failure, astheria, etc. It means the dis		A CONSEQUENCE OF:	J	
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if ony,	iving DUE TO, OR A	S A CONSEQUENCE OF:		
rise to the obove couse (A) sloting	1he (C)			
11	(0)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
		120A	200 15 850 1450 5	NUMBER CONTRIBUTED
19A. DATE OF OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
D 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, larm, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not Wh		*	
22. I certify that (I) (this haspital) atten-	ded the deceased from 12	90 9.14 1	9(ta	9 14 1971
that (I) (we) last saw the deceased alive	on 205 PM 9.	44 . 7		lan death accurred an the date
and hour and fram the causes stated aba		view the bady after death.		
23A. SIGNATURE			s. " —	23B. DATE SIGNED
Hum HT	ksom DEGREE PH	ys. Director	Staff Phys.	9/14/21
23 PHI SICIAN'S NAME (Type)		23D. ADDRESS	10 2	11 111
	502 DEGRE		e Hoe. DA	timorpho 21228
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME OF CEMETERY OF C	11	CATION (Cit	y, town, or county) (State)
CREMATION 9/15/71	BON SECOUR		23 W. TA	yette sy. hall, Md
QED 1 10 10 10 10 10 10 10 10 10 10 10 10 1	AND DE REGISTRAR	25C. FUNERAL DIRECTOR	PAT DISPO	SAL
VS 150-REV. 1/1/6B		FUSIE	סומות חשו	~ <del></del>



C-35	0 71	8734		HEALTH DEPARTM		REG. NO	71	8734
1. NAME OF DEC		0.0000		2. [	DATE AN	D HOUR OF DEATH		
Deutan Collon				September 15,1971 9:35 P M.				
1.3	LTIMORE, MARYLAND, W			A. STATE	CE (When B. COUN	e deceased lived. If i	nstitution	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI INSTITUTION			Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Midtown Home, Inc.								
908 St. Paul Street			E. STREET AND NUMBER					
	Baltimore,	Maryla	and	734 W. Fa	yette	Street		
5. SEX	6. RACE B	7- MARRIEI	D NEVER MARRIED DIVORCED	5/28/95		ost birthdoy)	II Und Months	er 1 Yr. Il Under 24 Hrs. Doys Hours Min.
IOA, USUAL OCC	UPATION (Give kind of world		OF BUSINESS OR INDUSTRY		te or lorei	gn country)	12. CIT	IZEN OF WHAT COUNTRY?
Housewij				North Car	colina	a	U	.S.A.
13. FATHER'S NAME Alfred Jones			14. MOTHER'S MAIDEN NAME Susie Spence					
15. Was Deceased (Yes, no or unknown	Ever in U. S. Armed For	ces? es of service	16. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS 21201
no			244-01-9313-	Mrs. Glad	lys Jo	ones 734 W.	Faye	tte St. Apt. 10
18.	7-4-1		CAUSE OF DEATH	1				APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		C .1		$1/\sqrt{2}$	1	BETWEEN ONSET AND DEATH
171:- 1	LEADING TO DEATH		(A) IMMEDIATE CAU	SE ongliku	12 F	Leach to	elue	3 days
heort foilure,	not meon the mode of osthenio, etc. It means	the diseos	DUE TO, OR AS	A CONSEQUENCE OF:				7
injury or con	nplication which caused	death.)	1	1007	A	liseance		7
	ANTECEDENT CAUSES		(B)		-	Medel		/
DISEASES OR CONDITIONS, if ony, giving itse to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C)				A CONSEQUENCE OF:				
_	11							
OTHER SIGNIF	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL		***********************		**********************	hd w.b.d	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A-AUTOPSY3 (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				CONSIDERED DEATH?
OR CONTRIBU	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	l 21 ho et	BPLACE OF INJURY (e.g., Irome, form, lociory, street, of ic.)	or obout 21 C. WHER fice bldg., INJURY OC	E DID	(If In Boltimo	re City, gi	ve exoct location)
OF INJURY (APPROX.)	(Month) (Doy) (Yearl	W	Ville At Not While At Work		DID INJ	JRY OCCUR?		
22. I certify	that (1) (this hospital		the deceased from Au		1	9 71 to Septe	ember	15 10 71
			September 14					ith accurred an the date
		ed abave.	(1) (We) (did) (did nat) v	lew the bady after	death.			
23A. SIGNATI	frem S. F	Lu	Atter	nding Med.	, D	Shaff Phys.	23 B, DA	TE SIGNED ///
23C. PHYSICIA NAME (1	WYS SEPH	5.	L. E. DEGREE	23D. ADDRESS	N.	CALVED	17	S.
24A. BURIAL CRE REMOVAL (	MATION, 248. DATE	24C.1	NAME OF CEMETERY OF CRE	MATORY	24D. LC	CATION (C	ity, lown,	or countyl (Stote)
	urial 9-19-71	Ва	zzel Creek Chur	ch Cemetery	y Fu	guay Spr.,	N. Ca	rolina
25A. DATE REC'D	151 BY REALTH DEPT PAR			25C NUNERAL D	RECTOR	1735 Harfor		
46 150 05W 1/3/	<b>4.0</b>	1		1 marshar	_ W.	Jones, Jr.		

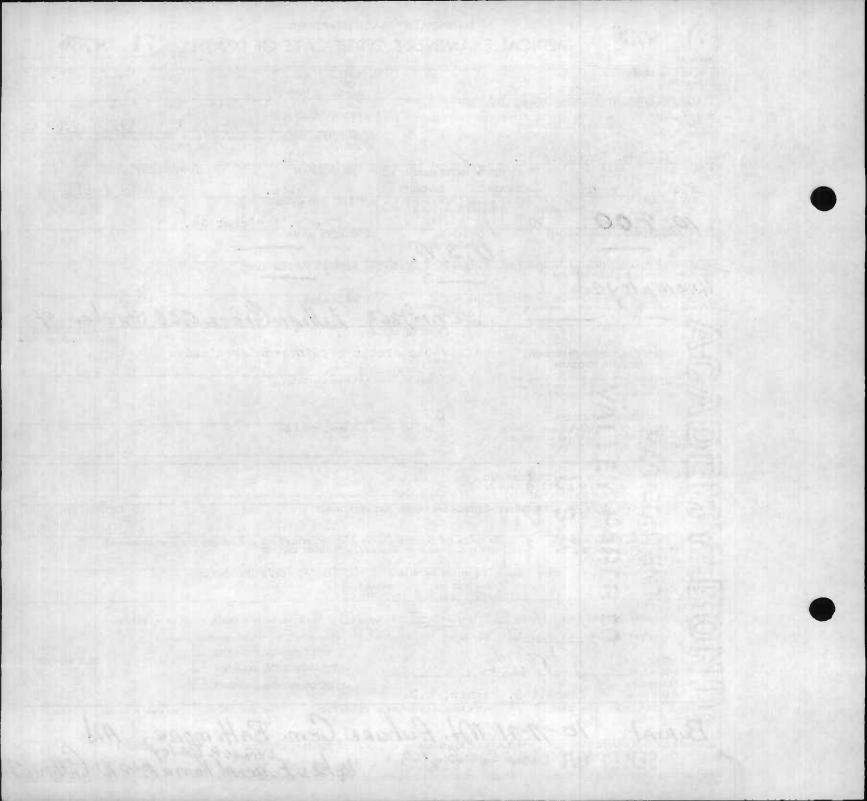


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

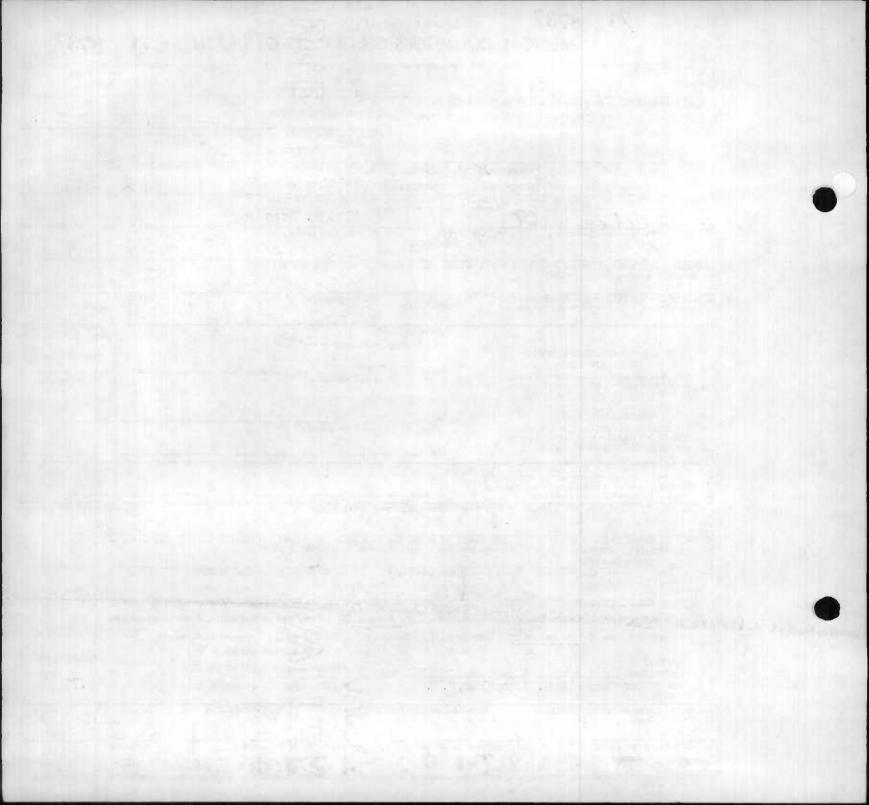
	8-530	171			HEALTH DEPARTMENT		71	0775
	IRTH NO.	1 8	735	CERTIFICA	TE OF DEATH	REG. NO		0/00
	Type or Print) SM	TH, Ethel	l C.			D HOUR OF DEATH	1	
3	L PLACE IN BALTIMORE	MARYLAND, W	HERE PRONO	UN CED DEAD	4. USUAL RESIDENCE (When	e deceased lived. It i	institution; res	M. idence before admission
III F	FULL NAME OF (IF	NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Maryland		1	703
		C+ = +			Baltimore	D. IN	SIDE CITY LIN	NO 🗍
-	706 Dolphi Baltimore,		17		E. STREET AND NUMBER			
					706 Dolphin St			
	FEMALE NEG	ROID	WIDOWED		1/4/08	9. AGE (In years lost birthday) 63		Doys Hours Min.
1	ELEVATOR OPE	(Give sind of work fe, even if refired) RATOR		LERES STORE	BALTIMORE, MD.	- ·		EN OF WHAT COUNTRY?
13	GEORGE JACKS	ON			14. MOTHER'S MAIDEN NAA LULA NOLAN	ΛE		
15	. Was Deceased Ever in as, no or unknown) (if yes,	U. S. Armed Fore	es?	1 6- SOCIAL	17. INFORMANTA irs tor			ADDRESS
1.1	NO	give war or dates	of service)	215-10-6795	VIOLA HARRISTO		. Milto	
NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL  CAUSE OF DEATH  APPROXIMATE INTERVAL  APPRO							
CERTIFICATI	TO THE DEATH BUT NO DISEASE OR CONDITION 19A-OATE OF OPERATE	N GIVEN IN PART	HON FOR V		20 A. AUTOPSY? (Yes or No.	/ //		ONSIDERED EATH?
CAL	OR CONTRIBUTINO	UNDERLYING CAUSE OF	218, hom etc.)	a torm toctory street off	or obout 21C, WHERE DID ce bidg. INJURY OCCUR?	(If in Boltimo	re City, give	exoct location)
MEDI	OF INTLIEV	(Doy) (Year)		INJURY OCCURRED  Not While At Work	21F. HOW DID INJU	IRY OCCUR?	4	
	22. I certify that (1)			ne deceased from	0/3/	969 10 7	/17	19.77
	that (1) (we) lost so			7/17	/	t in (my) (our) opi	nion deoth	occurred on the date
	and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Attending Med. Director Phys. 9/16/7/							
	23C. PHISIOPAN'S HAME (Type)	AT L.	BAN	FIELD DEGREE	D. ADDRESS	n. Jule	202	one by
24	A. BURIAL CREMATION REMOVAL (Specify)		24C.NA				ity, town, or o	
75	BURIAL	9/17/71		RBUTUS MEMORIA		LTIMORE, MA		
123	SED 1 107	9 22 4	E Parke	1 12 7	MORYON E DYET		-	
VS	150-REV. 1/1/68	7.00-200	and American	3 - 3 - 3	1701-31 Laure	ns St., Ba	lto. M	1d, 21217

3 NL

B630	MEDICAL EXAMINER'S	EALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO.	8736
	1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day	Year Hour
	HENRY L. BYRD  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated L	М.
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	Year Hour
	HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, # institution: res	1971 9:50 ам.
	O (1360 N Chuichen Ch	A. STATE B. COUNTY	sidence before odmission)
	6. SEX 7. RACE B. MARRIED NEVER MARRIED	Md.  C. CITY OR TOWN  D. INSIDE CITY	IMITS?
	9. DATE OF BIRTH 10.AGE (In years   If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
	10-7-00 lost birthday) Months, Doys, Hours, Min.	1368 N. Stricker St.	
	11. BIRTHPLACE (Stole or loreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
	14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	TY 15. MOTHER'S MAIDEN NAME	
	done during most of working life, even lifretired)		
	16. WAS DECPASED EYER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT, ADDR	ESS
	(Yes, no or unknown) (If yes, give war or doles of service) SECURITY NO.	23 Lillian Green 1366 St	Lorcker St
	19. 4 19 4 CAUSE OF DEA	ATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY Arterioscler	otic cardiovascular disease	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	AS A CONSEQUENCE OF:	***************************************
	ANTECEDENT CAUSES (6)		
	(0)	AS A CONSEQUENCE OF:	
	UNDERLYING CONDITION LAST.		
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT PELATED TO THE TERMINAL		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21.	. AUTOPSY? (Yes or No)
			no
	UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	In or obout 22C. WHERE DID (If in Boltimore City, give exect loce bldg., etc.) INJURY OCCUR?	
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY WHILE AT NO	T WHILE	
	23. m. WORK AT V	WORK L.	
		atapsy 🗌 and that an this basis, death in my apir	nion
	resulted fram: Natural causes & Accident Suick	de Hamicide Undetermined manner	
	ACTUAL DAY	CHIEF MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER	DAIL SIGIVED
	NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER	9/13/71
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or	
	REMOVAL (Specify)	100 P. 11.	m
	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	125C. FUNERAL DIRECTOR DATE APPRIL	///d
	SEP 17 1971 Ud Ber En Janber 120, 1	Verson Fineral Home Ru	810 Calhours
	VS 151-REV, 1/1/68		J. V. TIVY

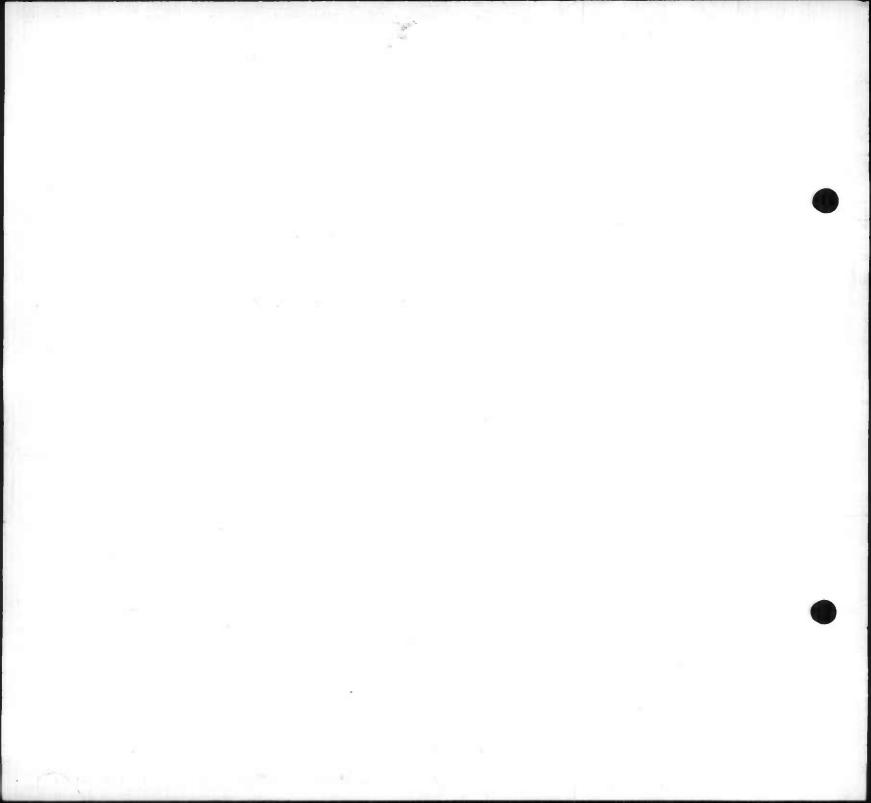


BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.71 8737
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)  JOSEPH PRICE	2. DATE Known Month Doy Year Haur
	DEATH Estimoted .
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD Control 1/ 1071 2.22 D
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	September 14,19/1 '5:25 P.
	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)  A. STATE  M. STATE  B. COUNTY
JOHNS HOPKINS HOSPITAL (DOA)	naryland 606
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years lost birthday) If Under 1 Yr. II Under 24 Hrs. Months: Doys: Hours: Min.	
149,3,1902	1726 N. Broadway
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WMATCOUNTRY)	13. FATHER'S NAME
Va. U.J. H.	Jarrel Puce
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done during most of working lile, even if retired)	115. MOTHER'S MAIDEN NAME
	Mary Jane Clams
16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown) (If yes, give wor or doles of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
Control of the state of the sta	Blow Puce- 126/1, Brooker
19. CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY  Pulmona:	ry Tuberculosis
LEADING TO DEATH (A)IMMEDIATE (	CAUSE
	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)-	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
Ō	yes
22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (II in Baltimore City, give exact location)
UNDERLYING OR CONTRIB- home, farm, foctory, street, office UTING CAUSE OF DEATH.	bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT AT WORK AT W	WHILE O
23.	
1 certify that I held an Inquiry Inspection Au	ond that on this basis, death in my opinion
resulted from: Natural couses X Accident Suicide	de Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
SIGNATURE AND MED M.E.	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.C. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 9/15/71
NAME (Type)	POST ALL MEDITALS DOMINITED TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Spacify)	or CREMATORY 24D. LOCATION (City town, or county) (Stote)
Buy 9-20-7/7nt Cly	y Com a Q Q Cant Ind
25A. DATE REG'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
CED IN THE DE AD THE THE O Y	0 8 60 3144 171 112911:
DELTI All angers or horson was	1 Miles Flenore ( Vino Caroline
VS 151-REV. 7/1/68	

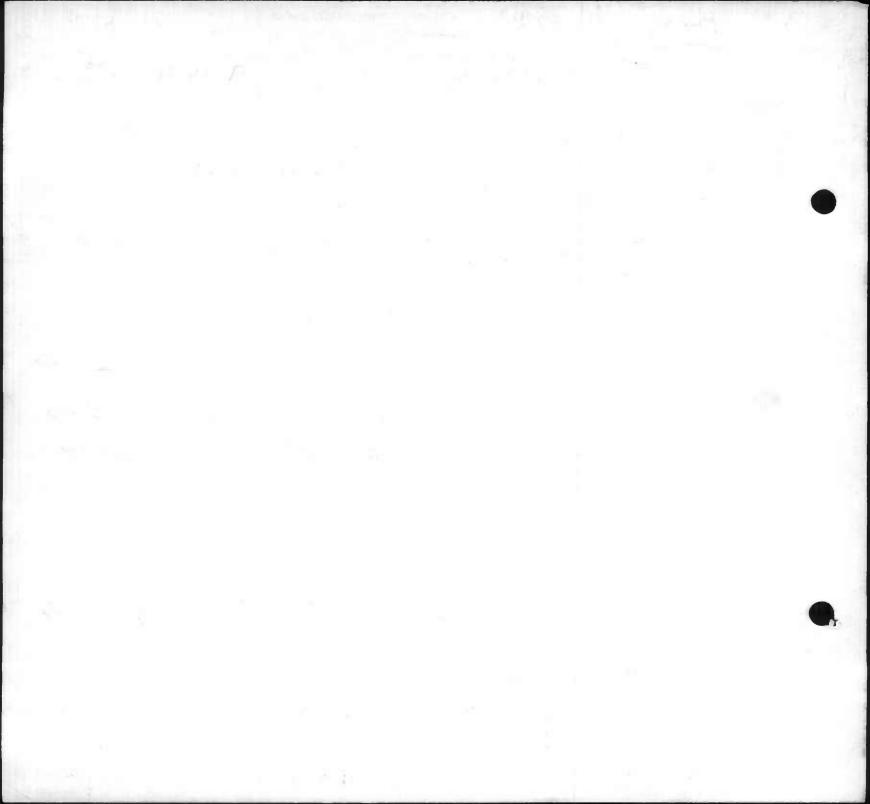


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

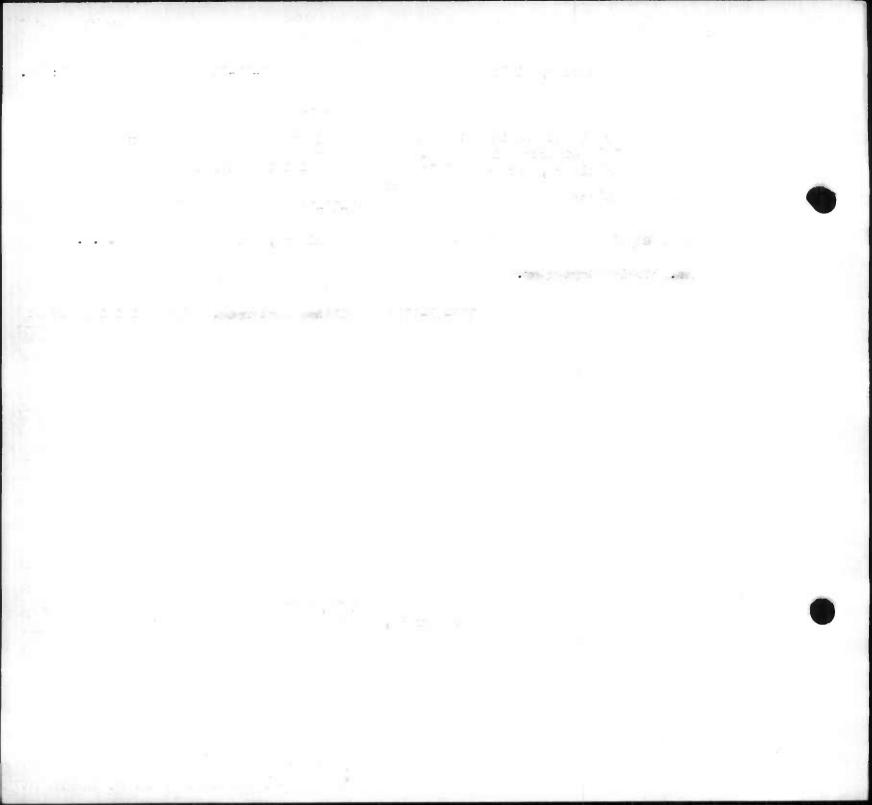
	B-630	j., t	71	873		TIMORE CIT				X pec	. No.	74		<i>C</i> . O	
_	TH NO.	ela.			CE	RTIFICA	ALE OI	DEA	TH	KEG	. NO	1	87	38	
	Pe or Print)		WARD	丁。	ANN					HOUR OF	DEATH				
3.	PLACE IN BAL			A .			114 116114			471			19	28	P. M.
	TENOL III PAL	IIMORE MA	KILAND, W	HERE PRONO	UNCED DE	AD	A. STATE	RESIDENCE	COUNT	Y WJ	lived. If in:	stitution:	residence	below o	dmission)
FL	ILL NAME OF	IIF NOT	IN HOSPITA	AL OR INSTIT	UTION, GIV	E STREET	14	7 2	Lo	CUST		R EE	r. A	AGER	STOWN
IN	STITUTION						C, CITY O			1	D. INSI	DE CITY	LIMITS?		
	UNIVERSITY HOSPITAL							GERST		N .		YES	]	NO 🗌	1105
	38						E. SIKEE	AND NUM	BER						
	SEX	6. RACE		7. MARRIED	NEVER	MARRIED	8. DATE O	F BIRTH	9,	AGE (In y	eors	II Und	er 1 Yr.	II Unde	24 Hrs.
	An che	W	hite	WIDOWED	DI DI	VORCED	1 -	13-6	7 1	st birthday!		Months	Doys	Hours	Min.
104	USUAL OCCI	UPATION (Give	kind of work	108 KIND O	BUSINESS	OR INDUSTR	11. BIRTH	LA CE IStote	or loreign	n country!	J .	12. CIT	ZEN OF	WHAT C	OUNTRY?
dor	e during most of	working Hie, eve	n it retired)					Maryla	nd				USA		
13.	FATHER'S NA	ME						ER'S MAIDE		F			MGU		
	ROBE	RT B	OWAR	C.D.			I .	NDO			. 1				
15.					1 6. SOCIAL		17. INFORA		4 1	RVI	N.				
IYe	Was Deceased s, no or unknown)	lif yes, give	war at dates	of service)		TY NO.		bert I	D. B	oward	Н	ageı	sto	wn,	Md.
	18.	6.9			CAU	SE OF DEAT	TH.						APPRO	XIMATE IN	TERVAL
	DISEASE OR CONDITION DIRECTLY  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH														
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,							ARDI	AC	ARI	RES	T			
	(This does n heart failure,	of mean the asthenia, etc.	mode of	dying, e.g.,		UE TO, OR AS									4 ****
	injury or cam	plication whi	ch coused	death.)											
	1	ANTECEDENT	CAUSES		(2)	CONG	ENITE	L HI	EART	- D1:	SEASE		ľ		
	DISEASES O	R CONDITI	ONS, if a	ny, giving	(g) <u>D</u>	UE TO, OR AS	A CONSEQ	UENCE OF:	***************************************			-			
	riso to the UNDERLYING	CONDITIO	use (A)	stoling the	(=)										
		11			(c)						***************************************				
NO	OTHER SIGNIF	II CANT CONDI	TIONS CON	ITRIBUTING											
ATI	TO THE DEAT	H BUT NOT RE	LATED TO TH	E TERMINAL	***		****						*******	********	
CERTIFICATION	19A-DATE OF	OPERATION	198 CONE	NTION FOR Y	VHICH OPE	RATION	20 A. A.U	TOPSY? (Yes	or No)	20B, IF YES	WERE FI	NDINGS SES OF	CONSI	DERED	
CER	21A. ACCIDEN	T WAS UND	ERLYING	218	PLACE OF	NJURY (e.g.,	B of about 21	C. WHERE P	DID	11.5	D - lat	600 1			
MEDICAL	21A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAU	SE OF	hom etc.	e. lorm. loci	ory, street, o	lice bldg., IN	JURY OCCI	U R?	fr. su	Baltimare	City, giv	e exoct is	ocotion)	
EDI	21 D. TIME OF INJURY	(Month) IDe	yl (Yeor)	(Houd 21E	INJURY O	CURRED	21	F. HOW DI	D [NJU	YOCCUR					-
\$	(APPROX)			Whi	le At	Not While At Work	· 🗆								
	22. I certify	that (1) (this	hospital)					1/1	10	77			(11)		
	that (H) (we)				e decedse	14/7	/ 20	1	19	to_		Topo	14	19_	
						·	19	01	nd that	In (my) (	our) opini	on deo	th occu	rred on t	he date
	ond hour and 23A, 5IGNATU	from the co	uses stote	d above	(We) (did	(did-not) \	few the bo	dy ofter de	eath.						
		10-lekin	0	0		AM	nding [	M-J -				23B, DA1	E SIGNE	D	
			When Count	5		GEGREE Phy	. 🗀	Director	Ph	ys,			7	147	7 /
	NAME (Ty	opala	(RISHI	JAN			23D. ADDRE	SS ERS	(T)	, ,	Hos	OIT.	AI		
24A	BURIAL CREA	AATION, 1248	DATE	4	ME of CEM	DEGREE OF CR			4D. LOC		-		or county	1 (	Stotel
25.0	buria1		-18-7	1 R	est Ha	aven C	emete:	ry	Ha	gerst	own.	Md.			
ZOA	DATE REC'D	BI HEALTH (	DEPT.	SB NAME O	E_REGISTRA	a a	25C. FU	NERAL DIRE	стои					RESS	
VS	SED 50-REV 57/4	17 197	126	88.30	Ber M	D. C	Min	nich H	rune	ral H	lome	Hag	gers	town	, Md.
		-													



	B-620 71 8739 BALTIMORE CIT	Y HEALTH DEPARTMENT 71 8739
2007	CERTIFICA	ATE OF DEATH REG, NO.
an eat ase th th Suc	T. NAME OF DECEASED ESTELLE BORSUKIEWICZ	2. DATE AND HOUR OF DEATH
- 20 E	Gotalle Borowkeeurs	9-16-71 1+2200 M
0000	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE  8. COUNTY
hos (5) an de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	-md 2.02
nd rod		C. CITY OR TOWN D. INSIDE CITY LIMITS?
T da	Harbor View Covalescent Center	E. STREET AND NUMBER
uting ed cau ar att prior	Hail View Convolexent Center	1815 93 ragh St.
ribu nine gula	5. SPemale 6W151te 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Manths; Days Haurs; Min.
ont ont ont rec	10A. USUAL OCCUPATION (Give kind of wark) 10B. KIND OF BUSINESS OR INDUSTRY	5/8/05 66
on en et	done during most of warking life, even if retired)	11811111 = = =
o o o o	Laborer Food Packing	SAPANAMA Poland ust
ar it death direct or c ; (4) Undet h was in in the deci	Andrew Stanczak	14. MOTHER'S MAIDEN NAME
dis dis	15. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL	- mulusum
he he dear	(Yes, no as unknown) (II yes, give was as dates of service) SECURITY NO.	17. INFORMANT ADDRESS
£ = = = = = = = = = = = = = = = = = = =	No - 219-16-5039A	Rama Delen 2116 & lest ST
an an an or	1B. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
So of of o	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	2
Tage A	(A) IMMEDIATE CAI (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
pro lar	injury or complication which coused death.)	
fre de la company de la compan	ANTECEDENT CAUSES	poter curposis stanta sens
×a ×a × ×	DISEASES OR CONDITIONS, if any, giving DUE 10, OR de lise la lhe above cause (A) stating the	A CONSEQUENCE OF:  Jeus  Jeus
S E'E &	UNDERLYING CONDITION last, (C)	spollinden yes
dical dical rrns; sicia was main		#
5 - 4 - 5	O THER SIGNIFICANT CONDITIONS CONTRIBUTING  I TO THE DEATH BUT NOT RELATED TO THE TERMINAL  V DISEASE OR CONDITION GIVEN IN PART 1 (A).	
A Cip	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes ar Na) 20B. IF YES, WERE FINDINGS CONSIDERED
Boo th	1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
for to by	On contentation of a trace of the later of t	n ar about 21C. WHERE DID (II In Baltimare City, give exact lacation)
No No	DEATH (natily medical examiner) etc.)	
osp turtur (6)	OF INJURY  (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED  While At Not While	21F. HOW DID INJURY OCCUR?
hos hos hos hos hos hos hos hos hos hos	(APPROX) While At   Not While At   Not Work   At Work	· 🗆 🔒
the an obt	22. 1 certify that (1) (this haspital) attended the deceased from	3/3/ 1969 10 9/16 197/
0 0	that (I) (we) lost sow the deceased alive an	ond that In(my) (aur) opinion death occurred on the date
dent of ospital death)	and haur and fram the causes stated abave. (1) (We) (dld) (dld not) v	lew the bady after death.
eased ident hospit o deat must	23A. SIGNATURE	nding Med. Stoff S
E S S T P E	DEGREE Phys	Director Phys.
y was r y was r 1) An a 2.A. at d prior	NAME (Type)	23D/ADDRESS
A A B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREETERY OF CRE	TE plant of parties and
	REMOVAL (Specify)	
the bod shows: ( was D.C decease	Burial 9/20/71 Holy Rosary  25A. DATE REC'D BY HEALTH DEPT.   25B. MAME OF REGISTRAR	Baltimore, Maryland
the b show was dece	SEP 17 1971 Pale & C. Jabez M.D. ()	O N. F. SADOWSKI & SONS, 1808 Eastern Ave
	VS 150-REV 1/1/68	21231



1	7-63	6 74 0	m 40		HEALTH DEPARTMENT		1 8740		
BIR	IH NO.	71 8	740	CERTIFICA	TE OF DEATH	REG. NO.	3, 19		
1. N	AME OF DECE	ASED			2. DATE	AND HOUR OF DEATH			
Liyp	e or Print)	Carter	Willia	am Earl	I	9-11-71	4:00P <sub>A</sub>		
3. 1	PLACE IN BALT	IMORE MARYLAND, W			4. USUAL RESIDENCE (VA. STATE B. CO	Vhere deceased lived. If in DUNTY	nstitution: residence before odmissian)		
FU HO INS	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITATION)	UTION, GIVE STREET	Maryland c. City or town	D. INS	IDE CITY LIMITS?		
	20	Provident	Hospit	al Complex	Baltimore		YES 🔀 NO 🗌		
	37	2600 Liber	ty Hei	ghts Ave.	E. STREET AND NUMBER				
		Baltimore	Maryl.	and 21215	1908 Divisi	on Street			
5. \$	Till 2771	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
	Male	Negro	WIDOWED	DIVORCED	8-23-14	57			
		PATION Give kind of work	10B KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?		
don	Labore	rorking life, even if retired)	Const	ruction	Baltimore,	Marvland	U.S.A.		
13.	FATHER'S NAM		COIIS	Luction	14. MOTHER'S MAIDEN				
						a Butler			
15.		am H. Cart Ever in U. S. Armed For (If yes, give wor or dote		1 6. SOCIAL	17. INFORMANT	Butler	ADDRESS		
(Yes		(If yes, give wor ar dote	s of service)	SECURITY NO.	**************************************	2 1 100	08 Division Street		
	No			213-03-4275	William H.	Carter 190			
	1B. 571			CAUSE OF DEAT	Н	,	BETWEEN ONSET AND DEATH		
l		E OR CONDITION DI LEADING TO DEATH	RECTLY		Post Train	1 Linin	2 440		
		This does not mean the mode of dying, e.g.,  A IMMEDIATE CAUSE  OVO 1/4  TO OR AS A CONSEQUENCE OF:							
	heart failure,	asthenia, etc. It means plication which caused	the disease		A CONSEQUENCE OF:				
				11. F	11 .0 4	8 6	13 12		
		NTECEDENT CAUSES		(B) 101 E	manue - 1	took in tox	icution (/yus		
		R CONDITIONS, if above cause (A)			A CONSEQUENCE OF:				
		CONDITION last.	storing the	(c)					
		11							
2		CANT CONDITIONS CO							
ATION		I BUT NOT RELATED TO TO DNDITION GIVEN IN PAR		**************	******************************		***************************************		
ERTIFIC		OPERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED		
ERT					No	III CENIII III CA	OSCI OLAIII		
U	21 A. A CCIDEN OR CONTRIBU	T WAS UNDERLYING [TING CAUSE OF medical examines)	] 21 har	ne, form, factory, street, a	n or obout 21 C. WHERE DIC	(II In Baltima)	e City, give exoci facotion)		
ICAL									
MEDI	21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED  nile At Not While		INJURY OCCUR?			
-	(APPROX.)			nile At  No! While	" 🗌				
	22. I certify	that (1) (this hospito	) ottended	the deceosed fram Au	gust 26, 1971		yt 11 1971		
	that (I) (we)	last saw the decease	d allve an.	September 11,	71	that In (my) (our) apl	nlan death accurred on the dote		
ond haur ond fram the causes stated above. (i) (We) (dld) (dld not) view the body ofter death.									
23A, SIGNATURE						23B, DATE SIGNED			
	B	on Van	asin	Atte Degree	nding Med.	Shoff Phys.	Sint 1971		
	23C. PHYSICIAI NAME (Ty	BOUN	VAN	DEGREE	23D. ADDRESS	lent Hos	0.		
24A	BURIAL CREA		24C. N	AME of CEMETERY of CRI		LOCATION (C	ity, lawn, or county) (State)		
	REMOVAL (S	pecify)					Carrie or covery, Carolel		
<u> </u>	Burial	9-16-7	1 Aı	butus Memor	ial Park	Baltimore	Co Maryland		
<sup>25</sup>	CED 1n	1071 P.B.	E SE	OF REGISTRAR	ATTENTO	TO THE THE THE TANK	ADDRESS		

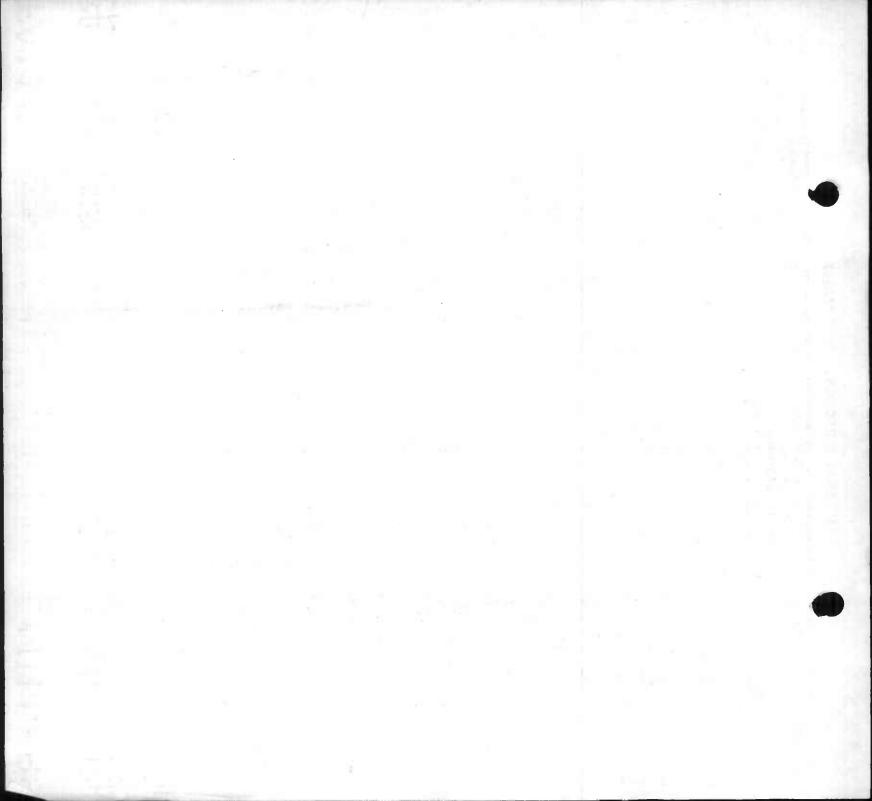


This certificate must be optioned by the chief medical examiner or his assistant if death coursed in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. C-322 71 BALTIMORE CITY HEALTH DEPARTMENT

2743

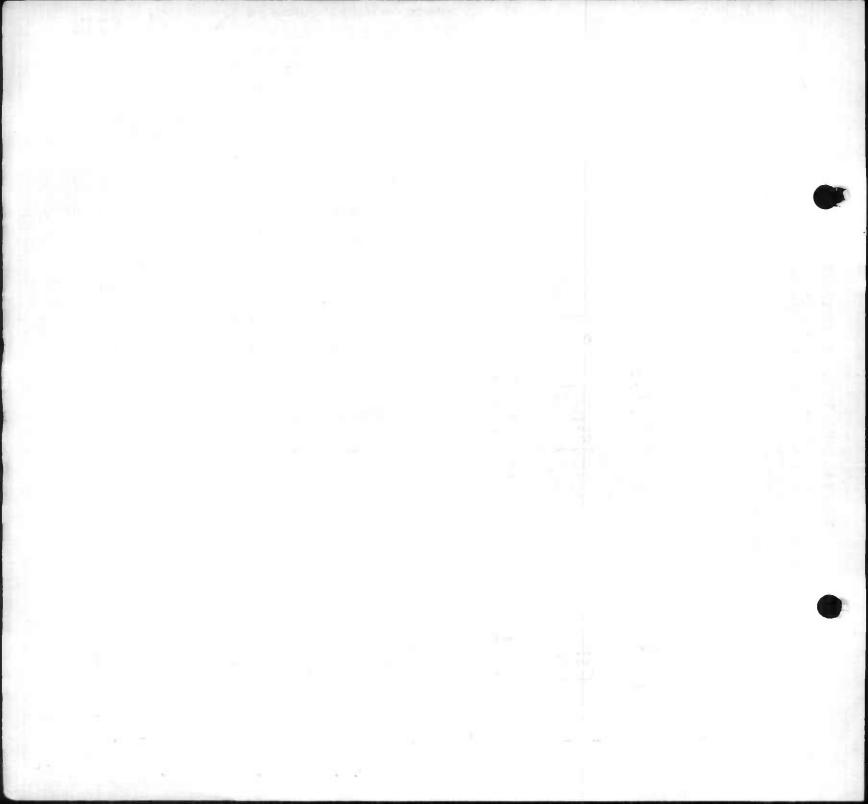
W. NORTH AVE

BIRTH NO.	2 87	41	CERTIFICA	TE OF DEATH	REG. NO.	0/12
I. NAME OF DECEASED Type or Print)				2. DATE A	ND HOUR OF DEATH	
	John T. S	toke	5	Sept	ember 14,	1971
3. PLACE IN BALTIMORI	MARYLAND, WHE	RE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WH	ere deceased lived. If i	nstitution: residence before admission)
FULL NAME OF (II	NOT IN HOSPITAL	OR INSTIT	UTION, GIVE STREET	Maryland		15011
HOSPITAL OR A	DDRESS OR LOCATIO	ON)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
0.0				Baltimore		YES NO
2051 W	neeler Ave	enue		E. STREET AND NUMBER		
				2051 Wheele	er Avenue	
SEX 6. RAC	E 7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	If Under 1 Yr., If Under 24 Hrs.
		VIDOWED		5-9-1902	lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION one during most of working	N (Give kind of work 10)	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
Barber		2016-	Emm Larrad	771 t		USA
3. FATHER'S NAME		SETT-	Employed	Virginia 14. MOTHER'S MAIDEN NA	AAE	USA
Thomas Sto	kos					
				Virginia S	nelton	
S. Was Deceased Ever in (es, no or unknown) (If yes,	give wor or doles of	service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			219-32-7034	Mrs. Le Ray	S. Stokes	2051 Wheeler A
18. 14-7 9	1		CAUSE OF DEATH		The state of the s	APPROSIMATE INTERVAL
DISEASE OR	CONDITION DIREC	TLY	( aheld	ama PP		BETWEEN ONSE! AND DEATH
LEADI	NG TO DEATH			1100	incho as	14/8/7/
(This does not mea	n the mode of dy	ing, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	o cay	2
heart failure, astheni injury or camplicatio	a, oic, ii means me n which caused de	disease,		1 -		1 ' '
	DENT CAUSES		T. h	1/0/1/00		
			(8)	0 0 000		
DISEASES OR COI	nullions, it any	giving	DUE 10, OR AS	A CONSEQUENCE OF:		
UNDERLYING CON	DITION last.	ing the	(c)			
	11					
OTHER SIGNIFICANT	ONOMONS CONTR	BUTING				1.
OTHER SIGNIFICANT OF TO THE DEATH BUT IN DISEASE OR CONDITION OF THE CONTROL OF T	N GIVEN IN PART 1	(A).	*************			
19A. DATE OF OPERA	ION 198 CONDITI	ON FOR V	HICH OPERATION	20A. AUTOPSYT (Yes or N		FINDINGS CONSIDERED
		ALED		700	IN CERTIFYING CAL	USES OF DEATH?
OP CONTRIBUTING	UNDERLYING	21B,	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimor	e City, give exact location)
DEATH (notify medical	exomined	etc.)	tom, fociory, sireet, on	ce bldg. INJURY OCCUR?	***************************************	-
21D. TIME (Month)	IDoy) IYear) (H	oud 21E	INJURY OCCURRED	21F. HOW DID IN.	Hink Occurs	
21D. TIME (Month) OF INJURY IAPPROX.)			• At Not While		ORY OCCUR?	
2.44		WON	At Work	4		0/ 1/
22. I certify that (1)	(this hospital) at	tended th	e deceased from	12/10	19to	8/14/ 197/
that (1) (we) last so	w the deceased a	live on	917	19 7 / and th	est in (my) (our) onis	Non death occurred on the date
and hour and from t	he causes stated	abave. (1)	(Ma) (4)41 (4)4 ===>	ew the body after death.	iat intimy/ toot/ opin	ton death occurred on the date
23A, SIGNATURE			(iie) (a)a) (ala nat) Vi	ew the body offer death.		
to the of	, D VA	TIMA	Atten	ding Med.	24.42	23 B. DATE SIGNED
11 mag	- lan	mar	DEGREE	Director Co	Staff Phys.	9-14-1971
23C. PHYSICIAN'S NAME (Type)			2:	D. ADDRESS		
				2/27 Dean Jalla	7 TICONIA	
	e Patters	on	M. D.	3427 Dundalk	Avenue	
A. BURIAL CREMATION			M. D. DEGREE			v. lown, or county) (Steel
REMOVAL (Specify)	, 248. DATE	24C.NA	ME of CEMETERY of CREA	MATORY 24D. L		y, town, or county) (State)
Burial	9-18-71	24C.NA	ME of CEMETERY of CREA	AATORY 24D. L		y, town, or county) (Stote)
	9-18-71	24C.NA	ME of CEMETERY of CREA	Park Ba	OCATION (Cit	

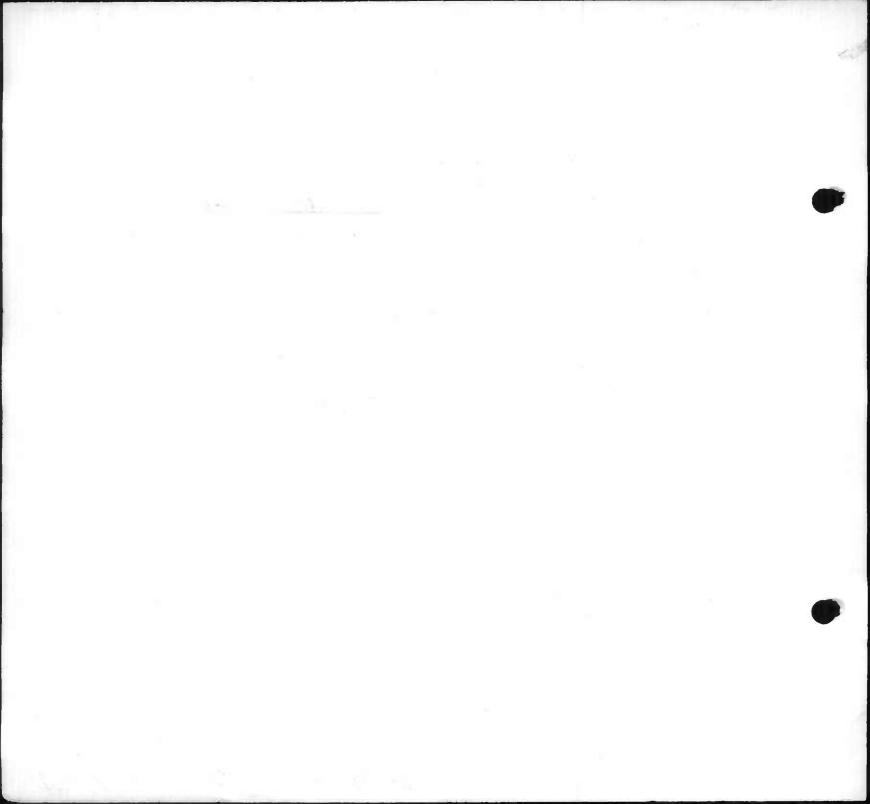


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

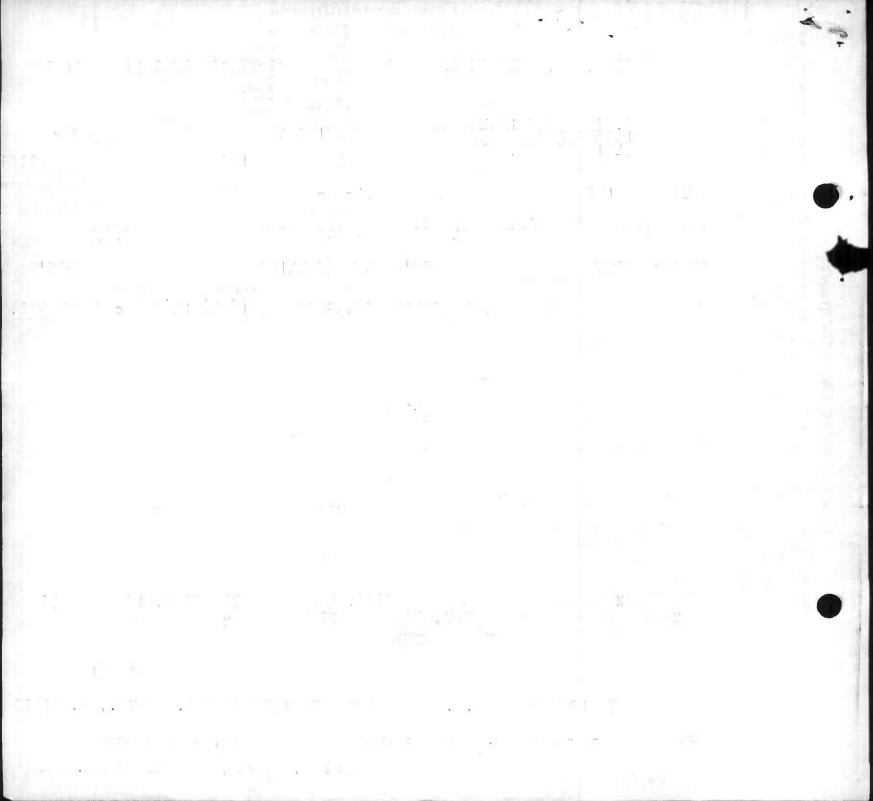
Dun			BALTIMORE CIT	Y HEALTH DEPARTMENT	14	
BIRTH NO.	- 71 8	742	CERTIFICA	ATE OF DEATH	REG. NO.	1 8742
(Type or Print)	luia Puru	is		2. DATE AN	HOUR OF DEATH	2
3. PLACE IN BALTI FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTIO		4. USUAL RESIDENCE (When A. STATE B. COUN M.) C. CITY OR TOWN RALTIMORE	To there	DE CITY LIMITS?
South	Baltimore	Genera	Hosp.	E. STREET AND NUMBER	IANOVERS	YES NO
F	N RACE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-18-30	9. AGE (In years lost birthdoy) 40	If Under 1 Yr. Il Under 24 F Manths Doys Hours Min.
P	Managame, even it refired)	10R KIND OF BUS	SINESS OR INDUSTR	11. BIRTHPLACE (Stoto or forei	gn country)	12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME	DEC. H	'	URVIJ	14. MOTHER'S MAIDEN NAM	TEL WALL	LACE
5. Was Deceased E Yes, na or unknown) U	ver in U.S. Armed Fan If yes, give war or date	s of service)	SOCIAL SECURITY NO.	17. INFORMANT DAUGHT	ER - 172	ADDRESS ETA FLOVA
DISEASES OR	sthenia, etc. It means ication which caused ITECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	death.) any, giving stating the	(c) (B) DUE TO, OR AS			
OISEASE OR COM	ANT CONDITIONS COP BUT NOT RELATED TO THE IDITION GIVEN IN PART PERATION 19% CONI WAS PERF	IE TERMINAL 1 1 (A). DITION FOR WHIC	***************************************	20A. AUTOPSYTY'ES OF NO	208, IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED
21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING NO CAUSE OF edicol exomined	218. PLA( home, fa	CE OF INJURY le.g., i	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?		City, give exact location)
	Month) (Doy) (Year)	(Hour) 21E INJI White At Work	URY OCCURRED Not While At Work	21F. HOW DID INJU	RY OCCUR?	1 - 1
that (I) (we) lo	ot (I) (this hospital) ast saw the decease	d alive an	8/13/	19 <u>7/</u> ond tha	7/ to J t in(my) (our) opini	on death occurred on the do
ond hour ond fi	Tom the causes state	d above. (I) (We	M. D. Atte	nding Med.	itaff 2	23R DATE SIGNED
23C. PHYSICIAN'S	5	1	DEGREE	3D. ADDRESS	1173.	V / / //
REMOVAL (Spe	9-I8-7I	Br@wn!	of CEMETERY OF CRE		vert Count	town, or county) (State)  Ly-Md
SEP 21 'S 150-REV. 1/1/68	HEALTH DEPT.	E Jaile	ALE O	101 Brown &	Son-I23 W.	ADDRESS Montgomery St



1		H- F-21 1719 BALTIMORE CIT	TY HEALTH DEPARTMENT 71 8743
ch ch			ATE OF DEATH REG. NO.
on the h. Such		NAME OF DECEASED  (ype or Print)  ILFISTED	2. DATE AND HOUR OF DEATH
e + 1.	3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONGUNGED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
attendance rior to deat	FU	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	A. STATE B. COUNTY  D. INSIDE CITY LIMITS?
r t		.43	RALTIMORE YES NOT
prior		SINAL HOSP. INC - TRALTITIORE	E. STREET AND NUMBER 3221 W. GARRISON AVE
regular eased p is made		WIDOWED DIVORCED	last birthday) Months Doys Hours Min.
in dec	doi	A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRED TO SE WIFE E	TIL BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY:
was the sposit	13.	L FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Tom Townson)	17. INFORMANT ADDRESS  MARY ROGERS 322/ MORRALDON ATT
-	15. (Ye	wos Deceosed Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	1	18. 4 CAUSE OF DEA	MARY / 098AS 322) WORKINON AFF
ho pronounced de egular attendance embalmed or fina		DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
att me		LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CA	S A CONSEQUENCE OF:
pro lar		hearl foilure, asthenio, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
who regu		ANTECEDENT CAUSES (B) A S	CVD
_ 0		DISEASES OR CONDITIONS, it any, giving nise to the above cause (A) stating the UNDERLYING CONDITION tast.	S A CONSEQUENCE OF:
vas was main		ONDERLING CONDITION TOSE. (C)	***************************************
physician ian was ir e remains	ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	,0404500-040464450-040-04-04-04-04-04-04-04-04-04-04-04-0
the nysic	ERTIFIC,	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
was D.C.A. at a hospital (except where the phydeceased prior to death); and (6) No physician written approval must be obtained before the re	0	21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR? (If In Boltimore City, give exact location)
(6) ined	MEDI	21D.TIME (Month) (Doyl (Yeor) (Hous) 21E, INJURY OCCURRED  While At Not Work  At Work	21F. HOW DID INJURY OCCUR?
and		22. I certify that (1) (this hospita) attended the deceased fram	8 - 5 19 11 to 9 19 19 71
ь (ч ре,		that (1) we last saw the deceased alive an 9	19 19 and that in my (aur) apinian death occurred an the date
eat ust		and haur and fram the causes stated above. (1) (We) (did) (did nat)	view the body after death.
P P		TINGO MOS MAN AHM	ending Med. Stoff Of Phys. 2
or 1		23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Ppri	246	MARCO VARINI, MD GEGARE	
ased fen a	F	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
dece	25A	SEP 20 1971 Jabers E. Jaiber M. D.	25G. FUNERAL PIRECTOR  ADDRESS  ADDRESS  ADDRESS
	VS	150-REV. 1/1/68	

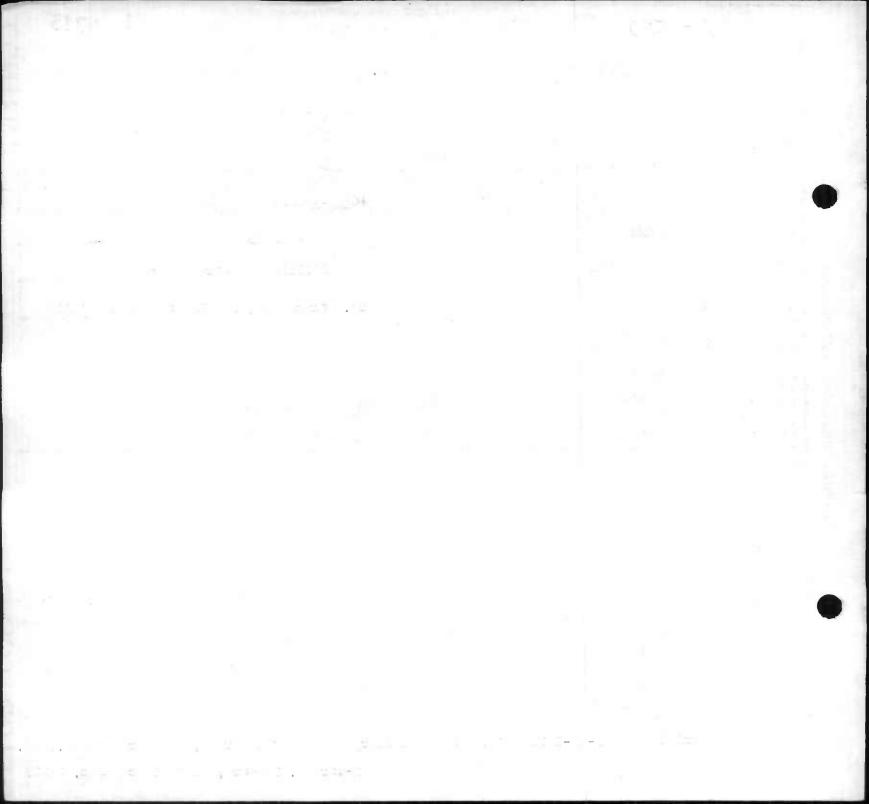


17	11 1150 50	BALTIMORE CIT	HEALTH DEPARTMENT	1 74	Obs 4.4		
BI	U-450 71 8744	CERTIFICA	TE OF DEATH	X REG. NO. 71	8744		
1.	NAME OF DECEASED		DATE AN	ID HOUR OF DEATH			
(T)	VPE OF Print) WHELAN, SR. MA	THEW JOHN		TEMBER 15,197	1 E./IE D		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (When	re deceased lived. If institution:	pesidence before admission		
			A. STATE & COUN	TY	residence before damission/		
H	JLL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MASSA CHUSET	TS	V -18		
IN			C. CITY OR TOWN	D. INSIDE CITY	LIMITS?		
H	ST. AGNES HOSPI	N AVENUE	FRAMINGHAM	YES	NO		
1 4	BALTIMORE, MD.	21229	E. STREET AND NUMBER	DIVE	01.70		
=	SEX   6- RACE   17- seas		9 ASHMONT DI	KIVE	0170		
	MAK	RIED NEVER MARRIED		9. AGE (In years II Uni	der 1 Yr. If Under 24 Hrs.		
		WED DIVORCED	01-09-09	62	- Tools Ivan.		
	and reduced an analysis of second transfer and the second second second second	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or lorei	gn country)  12. Cl	TIZEN OF WHAT COUNTRY?		
	COMPOSITER	TBN 'GKASS:	MASSA CHUSETT		II C A		
	FATHER'S NAME	TON GLODE,	14. MOTHER'S MAIDEN NAM		U.S.A.		
	FENTON MUELAN	DECID					
	FENTON WHELAN	DEC D	ANN (COLLINS	*	DEC'D		
15. (Ye	Was Deceased Ever in U. S. Armed forcest s,no or unknown) (If yes, give war or dates of serv	SECURITY NO.	17. INFORMANT	BALTO. MD. 21 PITAL, WILKENS	ADDRESS		
	NO S	至 29057414	ST AGNES HOS	BALIU. MU. ZI.	c CATON AVE		
-	18, 4109	4 1 7 7 7 7 1 1 1 1	1 . Adive 3 11031	TIAL, WILKENS	CATUN AVE		
	DISEASE OF CONDITION DIRECTLY	~ <			BETWEEN ONSET AND DEATH		
	LEADING TO DEATH	K2 .	USE Failure of Permanent-Pacemene				
	(This does not mean the mode of dying,	(A) IMMEDIATE CAL					
	heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	CONTRACT OF THE PARTY OF THE PA	and Coldina Ma	incord in interest			
	ANTECEDENT CAUSES C	3 = 2 Anterior	Dana separ	yocardial injunction	1		
		18 (B) Acule	Pancreatilis A CONSEQUENCE OF:				
	DISEASES OR CONDITIONS, il my, gi	THE 4 CONTRA	rel infact-	C 4 N 1/4			
	inse to the above cause (A) stating UNDERLYING CONDITION last.	(c) Cereve	rel infarct-	Calmar Calas.			
	11 15	5					
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG					
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	MAE	*************************		***************************************		
ERTIFIC	19A. DATE OF OPERATION 119B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED		
E	WAS PERFORMED		YES	IN CERTIFYING CAUSES OF	DEATH?		
O	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If In Boltimore City, gi	ve exact location)		
CAL	DEATH (notify medical examiner)	home, farm, factory, street, of	ice bldg., INJURY OCCUR?				
	21D. TIME (Month) (Doy) (Year) (Hour)	21& INJURY OCCURRED	215 11027 212 122				
ME	OF INJURY	While Al Not While	21F. HOW DID INJU	IRY OCCUR?			
	(APPROX)	Work At Work	' [ ]				
	22. I certify that (X) (this hospital) attended the deceased from SEPI. 10 19 /1 to SEPI. 15						
	that (K (we) last saw the deceased alive			t in(m) (our) apinion dec			
				i in (1907) (oot) abtuion dec	in occurred on the date		
	ond hour and fram the causes stated abov	e. (M (ue) (ara) (a)a)(v) A	ew the body after death.				
		Atta	nding Med. S		TE SIGNED		
	me how y	DEGREE	nding Med. S	hys. 🛛 9/1	6/71		
	23C. PHYSICIAN'S NAME (Typel	2	3D. ADDRESS	1			
	TARIG MAHMO	OD M.D.	CATON & WILKE	NS AVES. BALT	0.,MD. 21229		
24A	BURIAL CREMATION, 248, DATE 24	C. NAME OF CEMETERY OF CRE			,		
	KENIO VAL (Specify)				·		
		St. Joseph Cemet		bury, Massachus			
	OCO OA ACO T		25C. FUNERAL DIRECTOR	ard /107 Uilka	ADDRESS ns Ave		
_	SEPZI SVI JUSTEN YOU	were the	i demente un unpr	ard, 4107 Wilke	11s Ave. 21229		
VS	150-REV. 1/1/68	21.00					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	1	P#1.8		BALTIMORE CITY	HEALTH DEPARTMENT		14974	0 1 4 5
	-520	71 87	745	CERTIFICA	TE OF DEATH	REG. NO	71	8740
	PAME OF DECEASE	D	******		2. DATE AN	D HOUR OF DEATH	11197	
-	PLACE IN BALTIMO	YNCH,	AXX	SARAH A	SEF	TEMBER	15.1	4:40 A.M
3.	PLACE IN BALIIMO	ME MARILAND WHE	E PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: resid	lenco before odmission)
FL	ILL NAME OF	(IF NOT IN HOSPITAL OADDRESS OR LOCATIO	OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN			1205
IN	STITUTION				Ι Λ		SIDE CITY LIMIT	
1	111				E. STREET AND NUMBER		YES.	NO .
	UNION	MEMORI	M.	HOSPITAL	2435 ST. F	BUL ST.		
5.	SEX 6. R/			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months Do	Yr. If Under 24 Hrs.
1	USUAL OCCUPAT		IDOWED	BUSINESS OR INDUSTRY	10-31-1897	73		
do	e during most of workle	g life, even if refired)	. KIND OF	BOSINESS OR INDUSTRE	11. BIRTHPLACE (Stote or late	ign country)	12. CITIZEN	OF WHAT COUNTRY
	Housewife				MARY LANG 14. MOTHER'S MAIDEN NAM	0		C/2 (
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME		
		known			XXXXXXXXX	Sarah	Boyd	
15. (Ye	Was Deceased Ever s, no of unknown) (If y	in U. S. Armed Forces? es, give war er dates of	service)	6. SOCIAL SECURITY NO.	17. INFORMANT	/	Al	DORESS
	No				Mrs. Marie Wolf	, 565 Luci	a Avenue	21229
	18. 195	/ 1		CAUSE OF DEAT				APPROXIMATE INTERVAL
		CONDITION DIRECT	TLY	RES	IRUTORY INSI	ITELE Chart		WEEN CHISET AND DEATH
		DING TO DEATH ean the mode of dyi	00 00	(A) IMMEDIALE CAL	126	J F F T C EDG	4	
l	heart failure, asthe	onia, etc. It means the tian which caused dea	discose.	DUE TO, OR AS	A CONSEQUENCE OF:			
		CEDENT CAUSES	mJ	,			Ì	
				(B) PULKON	ary METASTA	2772		
	tisa to the ab	ONDITIONS, if any, ove cause (A) sla	ling the	_	A CONSEQUENCE OF:			
	UNDERLYING CO	NDITION lost		(c) YELL	110 CANCE	3		
z		11						
2	ITO THE DEATH BU	T CONDITIONS CONTRI	RMINAL					
2	19A. DATE OF OPE	TION GIVEN IN PART 1	A). DN FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	EINDINGS CO	NCIDERED
CERTIFICATION	0	WAS PERFORA				IN CERTIFYING C	AUSES OF DEA	TH?
	21A. ACCIDENT W	AS UNDERLYING CAUSE OF	21 B.	PLACE OF INJURY (e.g.,	or about 21 C. WHERE DID	(II In Boltime	ore City, give ex	roct location)
CA CA	DEATH (notify medi	cal examined	elc.)	e, lann, lactory, street, at	fice bidg., INJURY OCCUR?			
E E	21 D. TIME (Mo	nth) (Day) (Year) (H	out 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
Z	OF INJURY (APPROX)			le At   Not While				
Work L At Work L								11 71
	22. I certify that (1) (this hospital) attended the deceased from SETTENBER 19 19 1 to SETTEMBER 19 19 11							
	that (I) (we) lost saw the deceased alive on STOT 19 11 and that In(my) (our) opinion death occurred on the do							
	and hour and fram the couses stated abave. (1) (We) (did) (did not) view the body after deoth.  23A. SIGNATURE							
	25% O'NE STORES							IGNED
	23C. PHYSICIAN'S	SCV	Υ	DEGREE Phys	Director L	Shaff Phys.	SEVI	13,1971
	NAME (Type)				SD. ADDRESS	,	h	,
244	CES	aguily sa		INTERNOEGHE	3398 and	Calver	1 21	
1	REMOVAL ISpecify	ON, 24B. DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D. LC	CATION (C	ity, town, or co	ounty) [Stote]
	Burial	9-17-1971		en Haven Ceme	tery Gle	nBurnie, A	nne A <b>r</b> un	del Co., Md.
25/	DATE REC'D BY H	M Robert E. N	NAME O	STRAK (	25C. FUNELAL DIRECTOR	)		ADDRESS
	SEP 20 19	Misoson 4	1	/   0 0	Howard H. Hub	bard, 4107	Wilkens	Ave. 21229
VS	150-REV. 1/1/68							



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	F	Iso	0	uno
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	in	ine	רמכן	d
	KON	E	Af	who
	ical examiner or his assistant if death occurred in a hospital and	¥ O	1s; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	cian who pronounced death was in regular attendance on the
	ica	0	15;	cia

EXAMINER

FUNERAL DIRECTOR: IMPORTANT

RELEASED ON APPROVAL BY MEDICAL

was D.O.A. at a hospital (except where the physician who pronounced death was in regular after deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made. approved by the chief med the body was released to the hospital by a medic shows: (1) An accident of any nature; (2) Body burr certificate must be

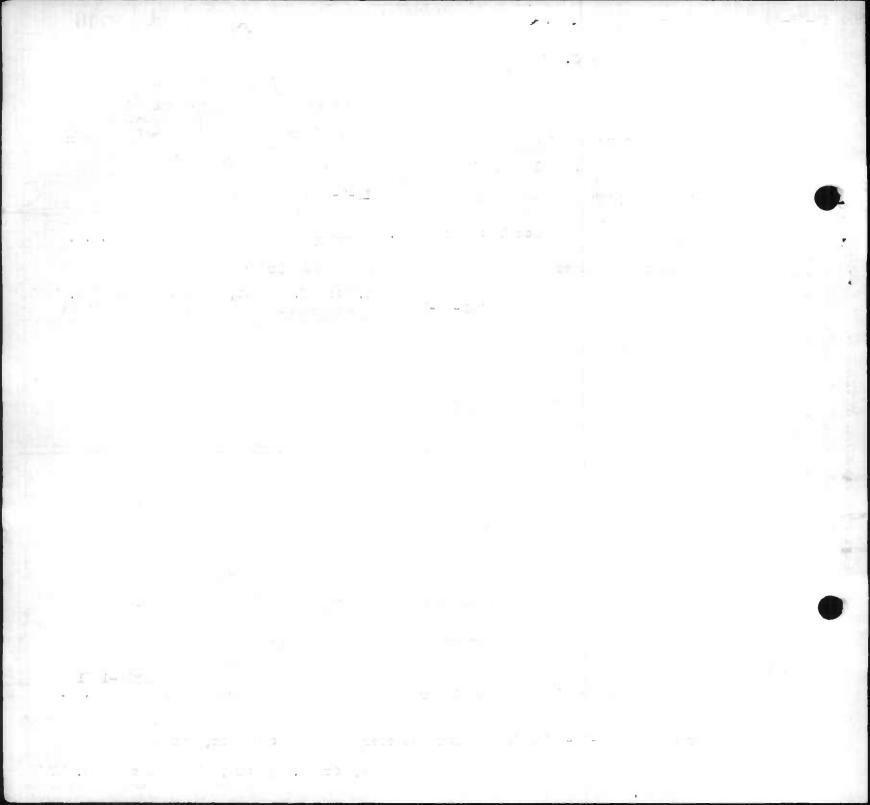
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SEP VS 150-REV. 1/1/68

	11) =1 > 174	BALTIMORE CITY	HEALTH DEPARTMENT	NT /	71 8746						
	W-56071 8748	CERTIFICA	TE OF DEAT	H REG. NO.	7 8/40						
	NAME OF DECEASED		2. DATE AND HOUR OF DEATH								
-    '	Type or Print) Max J. Wien	WIENER	9	115/21	1: VV AM						
	3. PLACE IN BALTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived, If in	stitution: residence before admission)						
- 11	FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	Anne A	rundel						
- 11	Baltimore City Ho	spitals	Lynthicum YES NOW								
- 11	4940 Eastern Aver	nue	E. STREET AND NUMBER								
	Baltimore, Marylar	nd 21224	524 Cleveland Road 21090								
1	SEX 6. RACE 7. MJ	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs. Months! Days Hours Min.						
		OWED N DIVORCED	10-2- 189	8 72 73							
	OA USUAL OCCUPATION (Give kind of work 10B, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or (creign country)	12. CITIZEN OF WHAT COUNTRY						
	Re	thleham Steel Co.	Hungary		U S A						
1	Retiredi 3. FATHER'S NAME		14 MOTHER'S MAIDE	N NAME							
	Peter Wiener		Eva	Prunkel							
	5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give war or dates of s	1 6 SOCIAL SECURITY NO.	Mr. Max N.	Wiener, 2031 Ed	imonds on Ave. 21228						
	No	215-07-2400		-4940 Eastern A							
	18. F 924XI	CAUSE OF DEATH			APPROXIMATE INTERVAL						
	DISEASE OR CONDITION DIRECTL	Y 9 7 1		1 11	SELVEEN ONSE. AND DEATH						
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSCIUENCE OF:										
	heart failure, asthenia, etc. It means the d	seose,	CONSEQUENCE OF:								
	injury or complication which caused death.)										
	ANTECEDENT CAUSES										
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:										
	UNDERLYING CONDITION last.										
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL										
- 11	DISEASE OR CONDITION GIVEN IN PART 1 (A)		20A. AUTOPST? (Yes	or No. 208 IF YES WERE	SINDINGS CONSUMED						
	WAS PERFORME		YES	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF OBATH?						
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	or about 21 C. WHERE	OID (If In Baltimar	Yes  City, give exact location)						
	DEATH (notify medical examine)	home, form, factory, street, off	ice bidg., INJURY OCCI	U KP	HOTS 5200						
	21D-TIME (Month) (Day) (Year) (Hou	///	21F. HOW DI	D INJURY OCCUR?	/						
	OF INJURY (APPROX.) 9 11 71 (0)	While At While At Work	-\/	& paindred.	in battles, buing						
	22. I certify that (I) (this hospital) attended the deceased from 4/12 19 7/ to 8/ 19 7/ that (I) (we) last saw the deceased alive an 8/15/7/ 19 7/ and that In(my) (any original dark as under the deceased of the country of the same that the										
	The first in the control of the course of th										
	and hour and from the causes stated ab	ove. (1) (We) (did) (did not) vi	ew the body after de	eoth.							
		// o Atter	nding [ ] Med.	Shell For	238. DATE SIGNED						
	10 Mayo	DEGREE Phys.	. Director	Shaff Phys.	9-15-1971						
	23C.PHYSICIANS NAME (Type) Jean Pierre	Schuppisser		Eastern Avenue	, Baltimore, Md.						
		UN NISER DEGREE		HOSPITALS,	/						
1	4A. BURIAL CREMATION, 248, DATE REMOVAL ISpecify)	24C. NAME OF CEMETERY OF CREA	MATORY 2	4D. LOCATION (Ci	ly, town, ar caunty) (State)						
	Buria1 9-18-1971	Loudon Park Cemet	ery	Baltimore, Mar	yland						

25c. FUNERAL DIRECTOR ADDRESS

Governd H. Hubbard, 4107 Wilkens Ave. 21229



of death Deceased

cause; (5)

Undetermined

3

kind;

fracture of

3

(2) Body

medical burns;

the hospital

0

approved

certificate

Was

the body shows:

any nature;

of

accident

An

contributing cause

occurred

death

assistant

or his

examiner examiner.

or

5. SEX

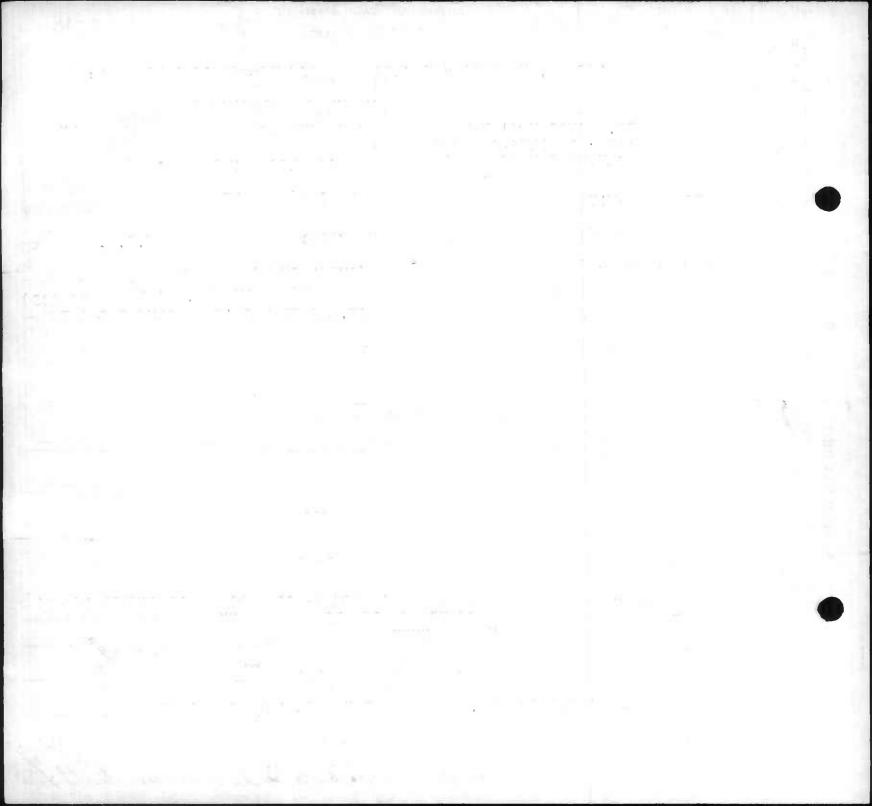
CERTIFICATE OF DEATH Such I. NAME OF DECEASED (Type or Print) 0 BUHL, GEORGE O ÷ 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE B, COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance deat BALTIMORE MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **FULL NAME OF** HOSPITAL OR attend C. CITY OR TOWN INSTITUTION D. INSIDE CITY LIMITS? **LANS DOWNE** NO X YES ST. AGNES HOSPITAL prior E. STREET AND NUMBER 209 3 FIRST AVENUE in regular is mad 6. RACE 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. Months: Doys bespese MARRIED NEVER MARRIED If Under 24 Hrs. last birthday Hours MALE WHITE WIDOWED DIVORCED 10A USUAL OCCUPATION (Give Lind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? or final disposition done during most of working life, even if retired) TRANSPORTATION MARYLAND U.S.A. CHECKER Ö Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRIETTA BRINKER BUHL LOUIS BUHL death FO 15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of service) 17. INFORMANT ADDRESS SECURITY NO. aftendance ST .AGNES HOSPITAL RECORDS 217-07-3587 NONE pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed Chrain on LEADING TO DEATH (A) IMMEDIATE CAUSE lThis does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who (B) DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION lost the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY! (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED where the IN CERTIFYING CAUSES OF DEATH? obtained before OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimare City, give exact location) home, form, lactory, street, office bldg, INJURY OCCUR? MEDICAL å DEATH (notify medical examined (Month) (Day) (Yearl (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except ; and (6) OF INJURY Not While While At (APPROXI Work At Work 22. I certify that (1) (this hospital) attended the deceased from SEPTEMBER TI SE PTEMBER SEPTEMBER 99 that (1) (we) last saw the deceased alive an... and that in (my) (our) opinion death occurred on the date hospital death) and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 238, DATE SIGNED Attending [ 09/17/71 0 approval Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS prior BALTO, MD 21229 to NAME (Type) DONATO VARGAS, M.D. DEGREE ST . AGNES HOSPITAL; CATON & WILKENS was D.O.A. deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION 9-21-1971 Burial Chesterfield Cemetery Centreville, Maryland 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Hubbard, 4107 Wilkens Ave. 21229

TOPE CITY HEALTH DEPARTMENT

# 1 \* 3 \*\*\* F. \*\*

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	. )	here &	1.0	BALTIMORE CITY	HEALTH DEPARTMENT		10
BIR	TH NO. 25	73 71 8	3748	CERTIFICA	TE OF DEATH	REG. NO	71 8748
1. 5	AME OF DECE	EASED				ND HOUR OF DEATH	
3.	PLACE IN BALT	WIEGAN		HERINE TAYLO	R CFPT  14. USUAL RESIDENCE (WILL  14. STATE  15. COU	EMBER 15 1	nstitution: residence Before admission)
HC	LL NAME OF	ADDRESS OR LO	CATION	TUTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
	+0	ST. AGNE CATON & BALTIMOR	WILKEN:	SAVENUE	E. STREET AND NUMBER  8 STANLEY	DRIVE	YES
5. :	EX	6. RACE		NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
	FEMALE	WHITE	WIDOWE		02 01 96	75	Monins Doys Hours Win,
		PATION (Give kind of w vorking life, even if retired		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of for	reign country)	12. CITIZEN OF WHAT COUNTRY?
1	TOUSE	WIFE	H	OME	MARYLAND		11.5.1
	FATHER'S NAM				14. MOTHER'S MAIDEN NA	AME	
	THOMAS		Product.	11.4	(CUNNINGHAI	M) MARY	ADDRESS
(Ye	t, no of unknown)	Ever in U. S. Armed Of yes, give war or d	lotes of service)	SECURITY NO.	17. INFORMANT VE	BALTO MD.	21229 (RECORDS)
L	NO 18. 22. 7			CAUSE OF DEAT	ST. AGNES	HOSPITAL W	LIKENS & CATON
	7/	E OF CONDITION	DIRECTLY	GROOT OF DEAT			BETWEEN ONSET AND DEATH
		LEADING TO DEAT	Н	(A)IMMEDIATE CAL		c Shock	8 houses
	heart failure,	of mean the mode asthenia, etc. It mea	ns the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
		pilcation which caus INTECEDENT CAUS		P.	+ Dunance	07.1. 1	author tra
		R CONDITIONS, i		(8) /CCCUI	A CONSEQUENCE OF:	originali (	ou milletinum.
	rise to the	above cause (/ CONDITION last.			~		
ICATION	TO THE DEATH	  CANT CONDITIONS C  H BUT NOT RELATED TO	THE TERMINAL			C.	
ERTIFICA		OPERATION GIVEN IN F OPERATION 19th CO WAS P		WHICH OPERATION	20A. AUTOPSY? (Yes or I	10 20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21 A. ACCIDEN OR CONTRIBU DEATH (notify	IT WAS UNDERLYING TINO CAUSE OF medical examined	21 ho	me, form, foctory, street, o	or about 21 C. WHERE DID	(If in Baltima	re City, give exoct location)
EDIC	21 D. TIME OF INJURY	(Manth) (Day) (Ye	oi) (Hous) 21	E INJURY OCCURRED	21F. HOW DID IN	LIURY OCCUR?	
2	(APPROX.)		W	hile At D Not While At Work	• 🗆		
					PETEMBER 13		EPTEMBER 1519 71
	that (i)((we)	last saw the deced	sed alive an	SEPTEMBER	15 19 71 and	that In (My) (our) op	Inlan deoth accurred on the date
			stated above.	(N) (Wo) (did) (Md/mby/	lew the body after death	•	
	23A, SIGNATU	RE CABELEST	nhales	Ath	nding Med. Director	Staff Phys.	238, DATE SIGNED
11					23D. ADDRESS		-1//
	23C. PHYSICIA NAME IT	AULO WEST	PHALEN	MD .		KENS AVENI	IF
24	NAME IT	AULO WEST	PHA LEN		CATON & WIL		JE Sity, town, or county) (State)
Ш	NAME IT	AULO WEST	24 <b>C.</b> 1	MD . DEGREE	CATON & WIL	LOCATION IC	City, town, or county) (State)
11	A. BURIAL CREATED AS A SURIAL ATION, 248. DATE Specify)  BY HEALTH DEPT.	24C.1	MD . DEGREE NAME OF CEMETERY OF CR  VD O N PAR OF REGISTRAR	CATON & WIL	BALTIMORI	City, town, or county) (State)	
25	A. BURIAL CREATED AS A SURIAL ULO WEST MATION, 248. DATE Specify) MENT 9/17/ ST HEALTH DEPT. 20 1971 PA	24C.1	MD . DEGREE NAME OF CEMETERY OF CR  VD O N PAR OF REGISTRAR	CATON & WILL MATORY 24D. Y CEM. 6	BALTIMORI	City, town, or county) (Stote)	



m	-560	71 87	49			HEALTH DEPARTA		71	8749	
BIRTH N				CER	IIFICA	TE OF DEA	TH KEO. NO.			
1. NAME (Type or	OF DECEA Print)	JAMES	K.	MONROE,	SR.	2. 1	September 17,	1971		
3. PLAC	E IN BALTIN	ORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	)	4. USUAL RESIDEN	CE (Where deceased lived, If i			odmission)
FULL N. HOSPITA	AME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT ATION)	TUTION, GIVE	STREET	Maryland c. City or Town	1	SIDE CITY L	255	3
1	A					Baltimore	D. 114.	YES X		
0	Co.	15 Sexton				E. STREET AND NU	JMBER	100 [23	.,,,	
	Ва	ltimore, Ma	ryland	21230	)	1615 Sez	kton Street			
5. SEX	6.	RACE	7. MARRIED	NEVER MA	ARRIED	8. DATE OF BIRTH	9. AGE (In yeors	II Unde	r 1 Yi. , If Und	er 24 Hrs.
Male	9	White	WIDOWED	DIVO	ORCED	6-12-1913	lost birthday) 58	Months	Doys Hours	Min.
IOA, USU	AL OCCUPA	ATION (Give kind of world	LIOR KIND O	F BUSINESS OR	INDUSTRY	11. BIRTHPLA CE (Stot		12. CITI	ZEN OF WHAT	COUNTRY
Scra	ap Meta	king life, even if retired)  I	Self E	mployed		Maryla	nd!	τ	U.S.A.	
13. FATH	ER'S NAME					14. MOTHER'S MAIL				
	Jo	hn William	Monroe	!		Unkno	own			
15. Wes (Yes, no o	Deceased Every unknown) ((f	er in U. S. Armed For yes, give war ar date	rces?	1 6. SOCIAL SECURITY	NO	17. INFORMANT			ADDRESS	21230
No				217-07-		Mr. James	K. Monroe, Jr.	1615 9		
18.	110	. / 1			OF DEAT				APPROXIMATE I	NTERVAL
1	DISEASE	OR CONDITION DI	RECTLY	C			0.+ D.		BETWEEN ONSET	AND DEATH
	LE	ADING TO DEATH		CANIMA	Caremena right leng				Injec	u.
(This	s daes nat	mean the made of thenia, etc. It means	dying, e.g.,	DILE		A CONSEQUENCE OF:			<i>J</i>	
		catian which caused		,			1	2 life		
	AN	TECEDENT CAUSES		D	met	atrinis	to spine, &	rain	Free	with
DISE	EASES OR	CONDITIONS, if	ony, giving	(B)		A CONSEQUENCE OF				
rise	la lhe	abave cause (A)	stating the							
UNI	DEKLING C	CONDITION last.		(C)						
	HE DEATH B	II INT CONDITIONS CO BUT NOT RELATED TO TO	HE TERMINAL							
U IPA.	DATE OF OF	DITION GIVEN IN PAR PERATION 198 CON	IDITION FOR	WHICH OPERA	TION	20A. AUTOPSY? (Y	es or Nol 208, IF YES, WERE	EINDINGS	CONSIDERED	
THE C	)	WAS PERI	FORMED				IN CERTIFYING CA	USES OF I	DEATH?	
OR C	CONTRIBUTIO	WAS UNDERLYING DE CAUSE OF CAU		ne, farm, factor		or about 21 C. WHERE fice bldg., INJURY OC		re City, glv	e exact location)	
	TIME (M	lanth) (Day) (Year)	(Hour) 21E	INJURY OCC	URRED	21 F. HOW	DID INJURY OCCUR?		-	
E (APP	ROXJ		Wh	nile At	Not While At Wark					
22 1	Legalify the	ot (I) ( <del>this hosp</del> ital				5-14	10 3/ O	7/7		7/
١.		st sow the decease		CV	-16		19 7/to9 _ond that In(my) (our) opl		th occurred on	the date
and	hour and fr	om the couses stat	ted above. (	1) <del>(We</del> ) (did) (	dld not) v	lew the bady after	death.			
	SIGNATURE		, (	) 1				23 B, DAT	E SIGNED	
	Jalin	V. Will	ech St	5 mi		nding Med.	Staff Phys.	9	1/17/71	
23 C.	HYSICIANS				DEGREE	3D. ADDRESS	r Phys. —			
10	NAME (Type)	John P.	Urlock	. JR			ington Blvd., Ba	11+1	ro Md	2122
24A. BUR	NAL CREMA	TION, 248. DATE		AME of CEMET	DEGREE TERY OF CRE			ity, town, o		2123
REA	AOVAL (Spec	cily)								
	IRIAL	9-20-1	1	adowridg	e Ceme		Washington Blv	d. Hov		, Md.
-57	CDOA	1971 Pasis	25B NAME	Sell N. D	1) 0	25C. FUNERAL DI	4	T# 11- ^-	ADDRESS	21220
VC 150 0	EF ZU	13/1 0:00-04	1		( )	Moward Mi	Hubbard, 4107 V	ATTKED	s ave.	21229
100 m	EV. 1/1/68									

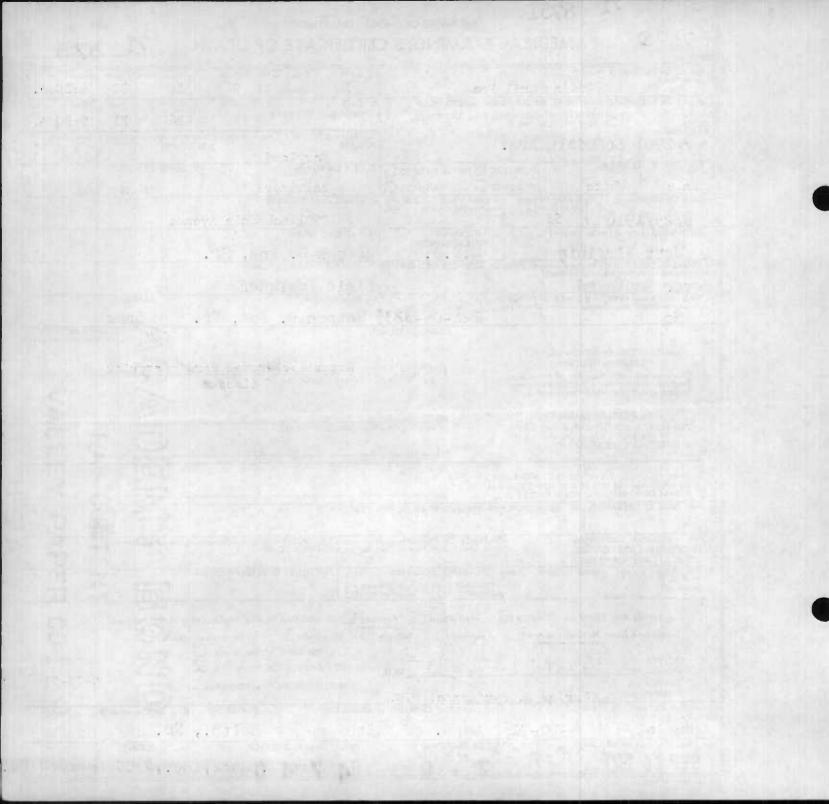
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	7-5-26	171	0450			LTIMORE CITY				l-	71	8750	)
В	IRTH NO.	1	8750	J	CE	RTIFICA	TE OF	DEATH	REG. 1	10			
	NAME OF DEC	EASED		I	Ralph				ND HOUR OF				
HL				LLAM	F'OI	SHELL			ember 16;			12.	25 mm.
- 11	L PLACE IN BALT						4. USUAL I	Md. KESIDENCE (Wh.	ere deceased liv	ed. Il instit	ution; resi	dence belore	admission
	ULL NAME OF	(IF N	OT IN HOSPIT RESS OR LOCA	AL OR II	ASTITUTION, GI	VE STREET			9			703	5
11"	NOITUTION						C. CITY OR	own Baltimor		D. INSIDE		ITS?	
$\parallel$	DO	110	9 Homes	tead	Street			ND NUMBER		Υ	ES X	NO	
									1109 Ho	meete	o d S+	root	
5.	SEX	6. RACE		7. MARI	RIED K NEVER	MARRIED []	8. DATE OF	BIRTH	9. AGE (In yea				dae 24 Mar
	Male	Whit		WIDO	WED D	IVORCED T	4-14-	1902	last birthday	N	Nonths D	ays Hours	der 24 Hrs. Min.
10	A. USUAL OCCU	PATION (	ive kind of work	108, KIN	D OF BUSINESS	OR INDUSTRY	11. BIRTHPLA	CE (State or far	eign country)		2. CITIZEN	N OF WHAT	COUNTRY
1100	ne during mast af w Ret. For	wiking ine,	mani il talliadì	1								·	COUNTRY
13	FATHER'S NAM	CIII a I	-Super	IVISC	or core	rerepno		Maryla:	nd		U.S	5.A.	
	Harry S	ים נ	nahell										
15.	. Wes Deceased	Ever in U.	S. Armed For	-0.2	1 6. SOCIA	1	Mary	Shill:	ing				
N.	es, no ar unknown)	(If yes, gi	ve wor or date	s of servi	ce) SECUI	ITY NO.	17. INFORMA				A	DDRESS	
	No					05-0427		rence .	Fonshel:	1	San	ne	
	18. 4.10	7.41	1-25	0	CAU	ISE OF DEATH	{				lac.	APPROXIMATE	INTERVAL
	DISEASE	OR CO	NDITION DIE	ECTLY		$\wedge$	1			0 0		MEEN ONZE!	AND DEATH
	(This does no	t mean t	he made of	dving.		DUE TO, OR AS	seule	myses	reled n	Marth	Tun	3	muli
	heart lailure, a	sthenia,	etc. It means	the dise	as e,	DUE 10, OR AS A	CONSEQUEN	ICE OF:		0			
			NT CAUSES	Geolii"							- 1		
	DISEASES OF				(B)_	DUE TO, OR AS		***************	*********				
	rise to the	above	couse (A)	stating	the	JUE 10, UK AS	A CONSEQUE	NCE OF:					
	UNDERLYING	CONDIT	ION last.		(c).			************		****			
z	OTHER CLOSURE											1.1	
음	OTHER SIGNIFIC	BUT NOT	PELATED TO TH	IE TERMAN	NG IAL	Qle	alect	me	lleli			16 4	eats.
ERTIFICATION	19A. DATE OF	PERATIO	N 198 CON	1 (A).	DR WHICH OPE	RATION	120A. ALLTC	PSY? (Yes or No	208 IE vec	Wene gill			
RTIF	0 -	_	WAS PERF	DRMED			TOTA AUTO	1/0	IN CERTIFYIN	G CAUSES	OF DEA	ATH?	
U	21A. ACCIDENT	WAS U	DERLYING		21B. PLACE OF	tNJURY (e.g., in	or about 21 C.	WHERE DID	lif to R	oltimore C'	ly alva -	ract lacation)	
DICAL	DEATH (notify n	nedicol ex	ominer)	_	home, form, for	tary, street, offi	ce bidg., INJU	IRY OCCUR?	,	anniore Ci	ly, give ex	ract lacalian)	
ŏ	21D. TIME (	Month) (	Day) (Year)	(Haur)	21E INJURY O	CCUPPED	215	HOW DID IN					
ME	OF INJURY (APPROX.)				While At	Not_White		HOW DID INJ	URY OCCUR?				
					Work L	At Work							
	22. I certify ti	not (I) (4)	( lespiral)	attende	d the decease	d from	MAR	c426.	19 6 4 to	Au	3 2	71	9 4
	that (1) 446) 10						19_7	ond th	ot in (my) (our	) opinion	death o	ccurred or	the dote
	and hour and	from the	causes state	d above	. (1)	did not) vi	ew the body	after deoth.					
	23A. SIGNATURE	//	6/1.	18	/ pe	10				238	DATE SI	GNED ,	
			me			Atten Phys.	ding 🖸	Med. Director	Stoff Phys.		300	414/9	1
	23C. PHYSICIAN NAME (Typ	S e)				DEGREE	D. ADDRESS						,
	60	W · N	5. B	ER	TOC	<b>/</b>	35	00 1	CAL	15R	TST	- Bx	, 70
244	REMOVAL (Spe	ATION, 2	48. DATE	240	NAME of CEA	METERY OF CREA		1	OCATION		wn, or co		(State)
	Buria	_	9-20-7	,   .	Loudon,	Park						,	1910161
25A	A. DATE RECYD B				E OF REGISTRA		25C~ #11N#	AL DIRECTOR	Balto.,	MG.			
	SEP 20 1	274	Rose &	Jak	Res Med	O O	deox	ard J. A	luck, Inc	. Balt	0 - M	ADDRESS	1/1
VS	150-REV. 1/1/68		Arabete	-					TILC	• Dall	O. M	u. 212	14 .

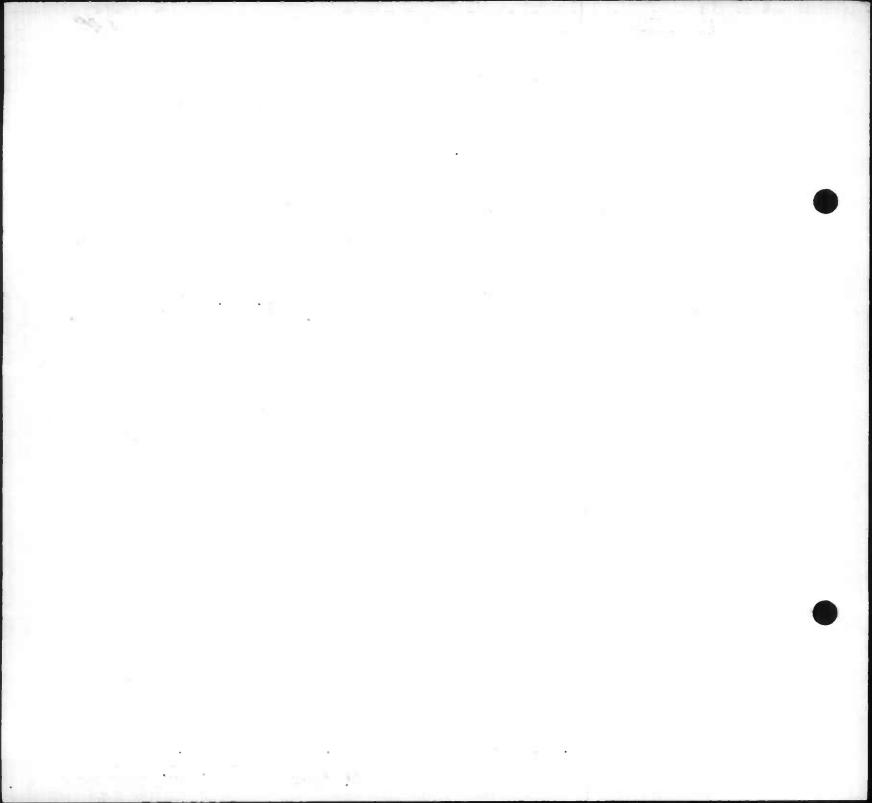
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4-500		MAER	NO A	BALTIMORE CITY H					200 A				
BIRTH NC.		WEL	PICA	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO	71	8751			
1. NAME OF DEC	CEASED				2. DATE	Known &	Month	Doy	Yeor	Hour			
		Vivian	Gail	Poe	OF DEATH	Estimoted	9	16	71	9:30 A.			
				RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour			
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NC	TIN HOSPITA	AL OR INS TION)	TITUTION, GIVE STREET		UNCED DEAD	9	16	71	9:30 A.			
00 290	1 Echo	odale	Ave		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  B. COUNTY								
6. SEX	7. RACE		B. MARI	RIED NEVER MARRIED	TIC. CITY OR	Maryland		D. INSIDE O	TITY HAUTS?	*/ ->			
Male	White	ρ.	WIDON	_		Dol+imana							
9. DATE OF BIRTI		10. AGE (II	yeors	If Under 1 Yr. If Under 24 Hrs		Baltimore		'	YES X	ио Ц			
0/25/	1016	losi birthdo	y)	Months Doys Hours Min									
8/25/				12, CITIZEN OF		2901 Echoo	lale A	venue					
				WHAT COUNTRYS	13. FATHER								
West	Virg:	nia		OF BUSINESS OR INDUST	Watso	n B. Poe	, Sr.						
done during most of w	orking lile, ev	en il retired)	148. KINE	OF BUSINESS OR INDUST	RY 15. MOTHE	R'S MAIDEN NAM	AE .						
Never Er	nploye	ed			Elsie	Faulkne	r						
16. WAS DECEASE (Yes, no or unknown)	ED EVER IN	U.S. ARMED	FORCE	17. SOCIAL SECURITY NO.	18. INFORM	THAN		- 1	DDRESS				
No	the year give	NOT OF DOIES	DI SELVICE	224-09-323	Mats	on B. Po	e. Sr	7	Same				
19.	10.66			CAUSE OF DE		011 0 10	0, 01	•		PROXIMATE INTERVAL			
Tours	011/								BETW	EEN ONSET AND DEA			
	E OR COND LEADING TO		CITA						0				
(This does no	ot mean the	made of du	log. e.g	(A)IMMEDIATE	AS A CONSEQ	eriosclero			scular				
neart toilure,	osthenio, etc plication whi	. It meons the	diseose.	DUE 10, OK	AS A CONSEQ	UENCE OF:	isease	3					
			,										
	NTECEDENT			(8)									
DISEASES O	OR CONDITI	ONS, IF ANY	GIVING	DUE TO, OF	AS A CONSEC	QUENCE OF:							
UNDERLYIN	G CONDIT	ON LAST.	ING IHE			*							
Ó		**		(C)									
OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF O	I FICANT CON	II	NTPIRIII	ING									
O TO THE DEA	VIH BUT NOT	RELATED TO	THE TERM	INAL									
DISEASE OR				FOR WHICH OPERATION W									
E SON DATE OF	OPERATION	1 208. CON	MOIIION	FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)			
									Ye	S			
	VAL CAUSE		1000	22B. PLACE OF INJURY (e.g. home, farm, factory, street, offi	in or obout 2	2C. WHERE DID (	In Boltimor	e City, give ex	oct location)				
UNDERLYING UTING CAL				nome, iarm, toctory, street, otti	ce bldg., etc.) Ir	JURY OCCUR?							
≥ 22D. TIME (		oy) (Year	(Hour	) 22E.INJURY OCCURRED	2:	2F. HOW DID INJ	URY OCCI	IR?					
OF INJURY (APPROX.)				WHILE AT NO	WHILE								
23.				m. WORK LAT	VORK L								
I certi	fy that I he	eld on Ir	quiry [	Inspection A	top sy 😿	and that are the	la basta	de et e					
			Contract Con			and that on th							
resulti	ed from: N	atural caus	es Ki	Accident   Sulci	de Ho	micide L	ndetermir	ed monner					
ACTUAL	(1	0 0		1111	C	HIEF MEDICAL E	AMINER			DATE CLONIED			
SIGNATU	RE	und	87	somget smi	AS SIS	TANT MEDICAL EX	AMINER	X		DATE SIGNED			
EXAMINE	R'S			1	ASSO	CIATE MEDICAL EX	AMINER			9-16-71			
NAME (Ty		Charles	S. 5	Springate, M.D.									
24A. BURIAL CREM REMOVAL (Specify	IATION, 2	48. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D. L	OCATION	(City, town	n, or county)	(Stote)			
Buria		9-20	-71	Gdns. of H	aith	P	alto	, Md.					
25A. DATE REC'D E				AME OF REGISTRAR				-					
CEDOA	40194	200	1 7	AL ALE	25C. F	UNERAL DIRECTO	К	A	DDRESS				
SEPZU	13/1	Under	- 13	TO THE OWNER OF THE PARTY OF TH	7 400	mardija	Ruck,	Inc.,	5305 F	larford			
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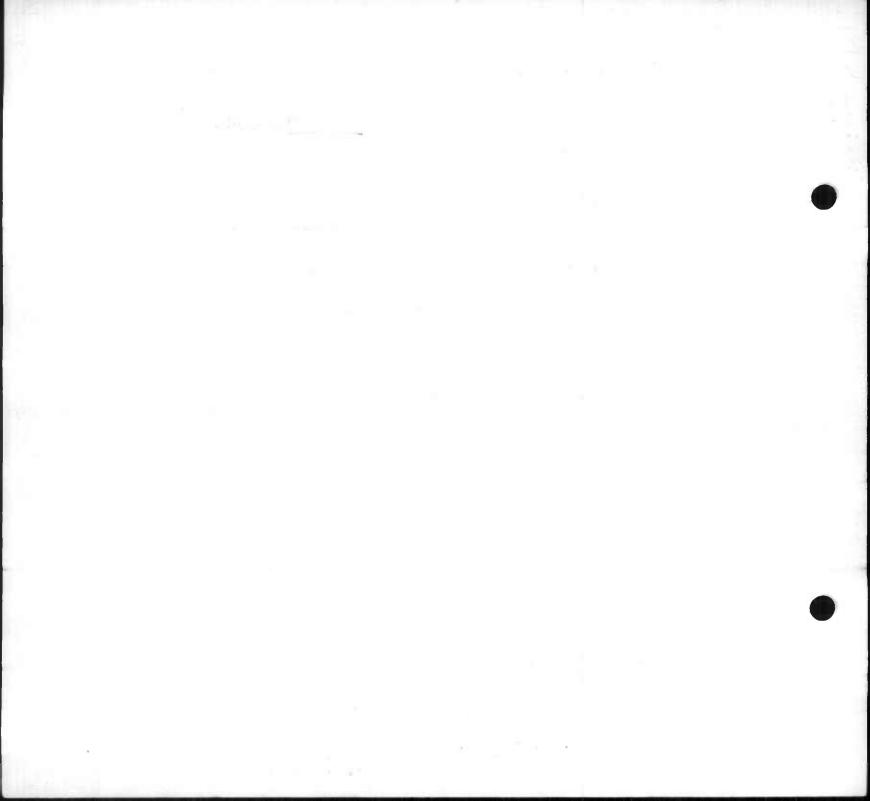
Leonard J Ruck, Inc., 5305 Harford Rd.



	B-45	2				BALTIMORI							ツイ	075	2
	BIRTH NO.	71	875	52		CERTIF	ICAT	E OF	DEAT	H	REG	. NO	11	8/3	5
	Type or Print) -	EASED	1 -	0	1.				2. DA	TE AN	D HOUR P	F DEATH			
	3. PLACE IN BAI	TIMORE MA	RYLAND, W	HERE PR	MOUNCED	DEAD		4, USUAL	RESIDENCE	(Where	16 deceosed	7/	n stitution:	10.	04 A M.
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT	IN HOSPITA	AL OR IN	ISTITUTION,	GIVE STREE	т	A. SIAIE	2V LA	COUN	TY .	-	IDE CITY	15	103
	34	Bor	n Seco	urs	Hosp	•		Balt E. STREET	AND NUME	BER			YES X		0 🗌
5	• SEX	6. RACE		7				DATE OF	LLW.		mBA		>1,		
	MALE	WHI	TE	* MARI	VEDIX	VER MARRIEI DIVORCEI		7/1	1.10-		ost birthdoy	O	Months	Doys H	Under 24 Hrs. ours Min.
d	OA, USUAL OCC	working life, ev	en if retired	CHA	MBER	OF COM	MER	BIRTHPL	A CE (Stoto o	or foreig	n country!		12. CIT	ZEN OF W	HAT COUNTRY?
1	3. FATHER'S NA.	ANKE	TIRED)		oter	St.		BA	Ltimo		MAR	YLAN	W C	U.S	·A ·
	D0 1	- 0	D	1 4				MOTHE	R'S MAIDEN	MAN	\E	1			
	5. Wos Deceosed	JARD.	DO	1	N9	CIAL			MA	<u> </u>	WHI	Ng			
10	es, no or unknown	(If yes, give	wor or doles	of servi	ce) SE	CURITY NO.	,	. INFORM	Bal	to.	Md.	21/22	23	ADDRESS	
-	no				713	AUSE OF	362	Mary	E. R	ile	y 253	36 Wi	kker	ns Av	
		E OR COND	DITION DIR	ECTLY		AUSE OF	DEATH							BETWEEN O	NATE INTERVAL
		LEADING TO	DEATH			(A) IMMEDIA	TE CAUSE	Mus	cardia	Pins	ant a	11 tu	m 10	10	O Done
	(This does n heart failure, injury ar can	asthenia, etc	. II means	the dise	e.g., 15 e,			ONSEQUE		7	xus ju	wi ci	au		ange
		ANTECEDEN	CAUSES			· A	ten	maple	roter	St	1/11	2600			A 4 4 4
	DISEASES C	R CONDITI	ONS, if a	ny, giv	ring	DUE TO,	OR AS A	CONSEQU	ENCE OF:	T	· run	anne		13	ears
	underLying	CONDITIO	ouse IA) N last,	slaling	ihe (	(c) Pul	mic	valu	ences	am	11467	brow	dur		years
1.								/-						1	
ACITA	OTHER SIGNIF	H BUT NOT RE	LATED TO TH	E TERMIN	NG AL										
10	DISEASE OR C	ONDITION GIV	VEN IN PART	1 (A).		OPERATION		20A. AU1	OPSY? (Yes	or No	20B IF YE	S WERE I	FINDINGS	CONSIDE	PED
CEPTIEIC	2/		WAS PERFO	DRMED					Yes		208, IF YE	ING CA	USES OF	DEATH?	NLD
IAC	OR CONTRIBU	IT WAS UND TINO CAU medicol exam	ERLYING D SE OF Iner)		218 PLACE home, form, etc.)	OF INJURY	(e.g., in a pet, affic	o bldg., IN.	WHERE D	R?	(11 11	n Boltimor	e City, giv	o exoct loca	otion)
AFDI	OF INJURY	(Month) (Do	y) (Yeor)	(Hour)		CCURRE	-	211	HOW DIE	חנאו	RY OCCUR	?			
1	(APPROX.)				Work AI	J At	While [								
	22. 1 certify						8-	29 -	71	19	to.	9	-16		1971
	that (I) (we)					- 16.	71_	19	on	d that	In (my) (	aur) opli	nion deor	th occurre	d on the date
	and hour and	from the co	uses stote	d above	. (1) (We) (	(did) (did n	ot) vie	w the bod	y ofter dec	oth.					
	23A. SIGNATU	//		w.			Attendi		Mad =				238, DAT	E SIGNED	
	23C. PHYSICIA	N'S		J		DEGREE	Phys.	1/2	Med. Director	→ N	hoff nys.			7-16-	71
	VI Mee	rpel	FI	MB!	jernsz		17	G35	PIPERS	PA	EN gen	N B.	RNIE	me	21061
24	REMOVAL (S	AATION, 24B.	DATE	240	NAME of	CEMETERY O	CREM	ATORY	24	D. LO	CATION	(Cir	y, town, o	r county)	(Stote)
	Burial	~	ept.18	3,19	71 Me	adowr:	idge	Cem		Dor	sey,	Md.			
25	A. DATE REC'D	BY HEALTH I	DEPT.	SE NAN	E REGIS	TRARO	7 0	2SC. FUN	SAAL DIREC	198	Balto	. Ma	212	DDRE	SS
I L	SEP 20 1	3/1 14	تعبة قر	Jarbe	KA.	- (	- ()	A	Truma		chwal	35.	12 F	reder	



	(-52) 71 8753	BALTIMORE CITY I	HEALTH DEPARTMENT	) mile	OMEO
8	IRTH NO.	<b>CERTIFICAT</b>	E OF DEATH	X REG. NO. 71	8733
C	NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICE JUNES	9//	5/7/	1 9 P.M.
'			A. STATE B. COUN	re deceased lived. If ins	stitution: residence before admission)
- [] [	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	11	MP.	Nolts	6 5300
	NSTITUTION		C. CITY OR TOWN TEESTE	rstowy D. INSIE	DE CITY LIMITS?
7	8 UNIVERBITY HOSPITAL		E. STREET AND NUMBER		YES NO
			56 BOND	AVE.	
	Negro WIDOWED	DIVORCED	S/10/87	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
de	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BL	JSINESS OR INDUSTRY T	1. BIRTHPLACE (State or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	RETIRED		Baltimore	e City	USA
13		14	4. MOTHER'S MAIDEN NAM	A E	
	Nimrod Thompson		Elsia Pa	arker	
l a	es, no of unknown) (11 yes, give wor or doles of service)	SECURITY NO.	7. INFORMANT		ADDRESS
		17-16-7407	HOSPITAL	CHART	
	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		20 21	2.00	
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS A	RESPIRATOR	ey ARRES	ST 14 Hours
	ANTECEDENT CAUSES	Cha .	4		
	DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS A	CONSEQUENCE OF:	AND ASS	C. V. D. MANY YEAR
$\parallel$	rise to the above cause (A) sloting the UNDERLYING CONDITION last.				
11-	11	(c)	************************	*******************************	***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
1	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHI	************************			
CERTIFIC	WAS PERFORMED	CH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
N A	OR CONTRIBUTING CAUSE OF home, 1	ACE OF INJURY (e.g., in o arm, factory, slicet, affice	obout 21C. WHERE DID bldg., INJURY OCCUR?	(Il In Boltimore	City, give exoct locotion)
MEDI	IOF INJURI	JURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
1	(APPROX.)	At Work			
	22. I certify that (1) (this haspitet) ottended the d	leceased from 2-1	9/15 1	9.71 to 9 12	9/15 19 2/
	that (I) (we) last saw the deceased alive an	4/15	19and tha	t In (my) (our) opini	an death occurred an the date
	and hour and fram the causes stated abave. (1) (W	(e) (did) (did not) viev	w the body ofter death.		
	MIPM N	Attendi	ng Med. S	Shoff 7	3B, DATE SIGNED
	23 CAPHYSICIAN'S	DEGREE Phys.		hys.	7/15/71
	NAME (Type)		1		
24	A. BURIAL CREMATION, 248. DATE 24C. NAME	of CEMETERY of CREMA	ATORY 24D. 40	CATION ICITY,	town, of county) (Stole)
	Burial Sept. 18,71 S	t. Lukes Ce	emetery	Reistersto	own. Md.
123	A DATE REC'D BY HEALTH DEPT. 25R. NAME OF R.	EGISTRAD O	25G FUNERAL PHECTOR		ADDRESS
VS	150-REV-1/1/68		Line Funer	al Home Re	isterstown Md



VS 151-REV. 1/1/68

25C ENNERAL DIRECTOR

SINGLETON FUNERAL HOME

GLEN BURNIE

Tenning is started as a second of the second The first was \_\_\_ Mutanting visual many as E TO MAIN TON BUT THEY to the art of the converte diesers of the converte diesers

spital and of death Deceased Such LO death. ance or contributing cause ndetermined cause; (5) attend 0 prior regular disposition is mad deceased = (4) Und 50 the 3 death UO final attendance any pronounced 10 embalmed fracture of regular examiner. who GLO < physician the remains Was medical (2) Body burns; physician + 0 by where to the hospital % any nature; obtained (9) (except and eath) 30 hospital was released must accident O 0 approval 0 prior to An D.O.A. becodsed the body written shows: Was

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) SFPTEMBER 16 1971 10:00A M

4. USUAL RESIDENCE (Where deceased fixed, If institution: residence before admission)

4. STATE

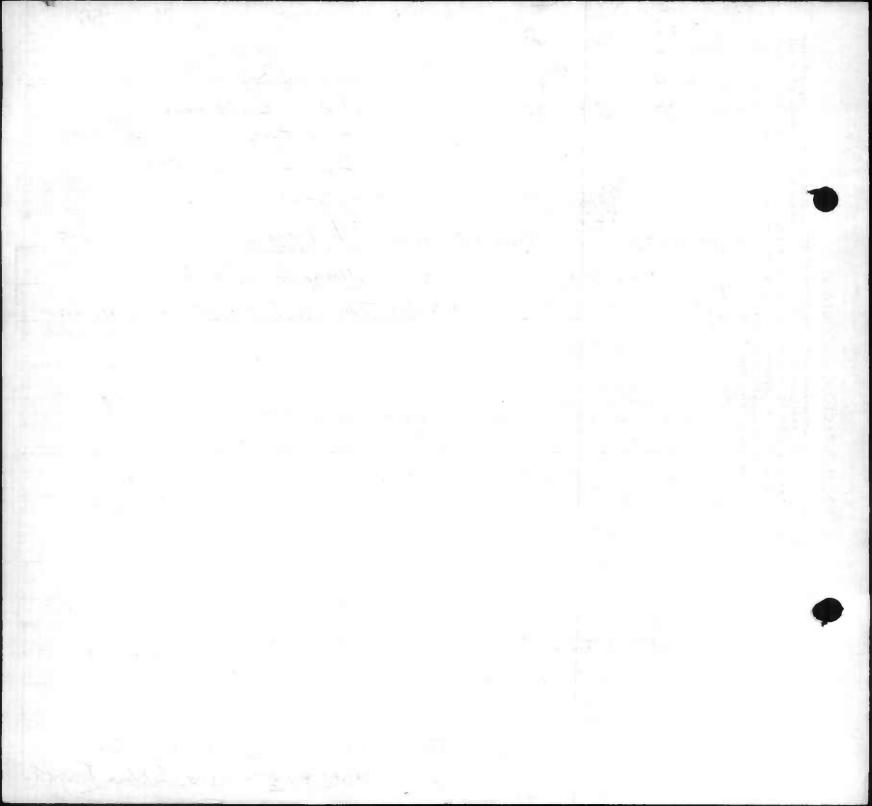
8. COUNTY HOCUTT. ETTA GLADYS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLA ND HOWARD FULL NAME OF HOSPITAL OR INSTITUTION C, CITY OR TOWN D. INSIDE CITY LIMITS? ELLICOTT CITY YES X NOF ST. AGNES HOSPITAL E. STREET AND NUMBER CATON & WILKENS AVENUE 8310 ELKO DRIVE ELLICOTT CITY MARYLA ND 21220 9. AGE (In years lost birthday) If Under 1 Ya If Under 24 Hrs. 5. SEX & DATE OF BIRTH 6. RACE MARRIED NEVER MARRIED Hours WIDOWED DIVORCED FEMALE 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) at Home NORTH CAROLINA HOUSEWIFE II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRED BANE OSSIF (RAGAN AVENUE 21229 DRESS 15. Was Decoased Ever in U. S. Armed Forces 6 SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. HOSPITAL RECORDS CATON 239-46-4353 ST. AGNES no CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, authoria, etc. It means the disease, injury ar complication which caused death.) **ANTECEDENT CAUSES** (8). DUE 10, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS. If any, giving the above cause (A) stating the UNDERLYING CONDITION lest CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20B, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 19A. DATE OF OPERATION 218 PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUE? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II In Baltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME (Month) (Day) (Year) (Houd 21 & INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While OF INJURY While At [ (APPROX.) At Work Work 22. I certify that 期) (this hospital) attended the deceased from <u>AUGUST 2.7</u> 19 71 to SEPTEMBED SEPTEMBER 1619 71 and that in (NYX (our) opinion death occurred on the date that (() (we) last sow the deceased alive an\_ and hour and from the causes stated above. XIX (We) (did) (dXXXX) View the body after death. 23A. SIGNATURE 23 & DATE SIGNED Attending [ Med. Director Phys. 23C. PHYSICIAN'S NAME (Type) ST AGNES MEDICAL CENTER R UPDIKE .M.D. PINE HGTS AVE RAITO DEGREE 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 24D. LOCATION 24C. NAME of CEMETERY OF CREMATORY 9/18/71 Burial Restlawn Cem. N.C. 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT 25C, FUNERAL DIRECTOR

ministrem Slack Ellicott City, Md. 21043 VS 150-REV. 1/1/68

harris of the part tops 

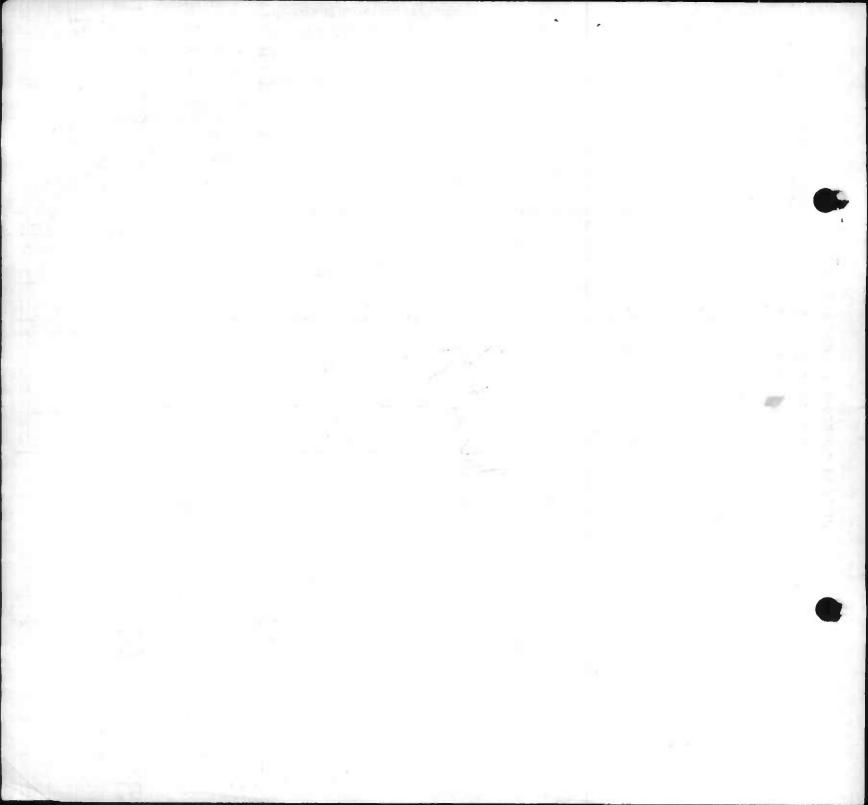
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0-245	BALTIMORE CITY	HEALTH DEPARTMENT	71 8756
BIRTH No. 71 8756	CERTIFICA	TE OF DEATH REG. NO	0,00
1. NAME OF DECEASED	ILAN	2, DATE AND HOUR OF DE	AYH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (Where decedsed lived.	. If institution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TUTION, GIVE STREET	C. CITY OR TOWN D.	INSIDE CITY LIMITS?
SOUTH BAITIMORE GENERAL	HOSPITAL	E. STREET AND NUMBER  550505298	YES NO
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
MALE FILOS WIDOWED		1-63-01 70	
done during most of working life, even if refired)	haut Marine	Phillipine Island	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
NINO CASILAN		MANUELLA SANA	05E,
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (II yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	ADDRESS
No.	075-12-1188		505 USAGE AVE.
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUS	E RESPIRATORY FAIL	185
iThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CONSEQUENCE OF:	
ANTECEDENT CAUSES	m DIAB	ETES MELLITAS	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	CONSEQUENCE OF:	***************************************
UNDERLYING CONDITION last.	(c) IMPEL	DING STROKE OR	CVA
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Asa	CVD	
19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTINO CAUSE OF  DEATH Inofily medical examiner	PLACE OF INJURY (e.g., in no, lorm, loctory, street, offi	or obout 21C. WHERE DID (II in Bol	timore City, give exact location)
S OF INJURY	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX) P'A'		197	
22. I certify that (I) (this hospital) attended t		SEPT. 4 1971 to	SEPT. 15 19.71
that (I) (we) lost saw the deceased olive on		The state of the s	opinion death occurred on the date
ond hour and from the causes stoted above. ( 23A. SIGNATURE ,	I) (Me) (did not) vi	ew the bady after deoth.	23B, DATE SIGNED
Nalson R. La la	The M. Porgers Phys.	ding Med. Staff Phys.	9-16-71
23C.PHYSICIAN'S NAME (Type)	D. Cont.	D. ADDRESS	
NEISON R. DE	PATEN DEGREE	SOUTH BALTIMOR	E GEN-HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. N.		AATORY 24D, LOCATION	(City, town, or county) (State)
SURIAL	NESTERN(	EMETERY LSAHIN	none Md.
SEP 20 1971 OG 8-12 PANTE	0 0	25C. FUNERAL DIRECTOR	Suphus DRINGROL.
VS 150-REV. 1/1/68			



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY	HEALTH DEPARTMENT
JIKITI NO.	TE OF DEATH REG. NO. 71 8757
NAME OF DECEASED  Type or Printl HYLLA (EMIL	2. DATE AND HOUR OF DEATH 9/15/71 2 30 pm
S. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN PRISON TOWN ID. INSIDE CITY LIMITS?
NSTITUTION	C. CITY OR TOWN REISTENT OWN D. INSIDE CITY LIMITS?
Morion memorial Hospital, Baltimore	E. STREET AND NUMBER
	225 HIEHMENDOW RV.
nace 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years of Under 1 Yt. If Under 24 Hrs. Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retred - CARPENTER	Germany american
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HYLLA, John	PAULINE NUDOLEH
5. Was Deceased Ever in U. S. Armed Ferces? 16. SOCIAL Service SEGURITY NO.	17. INFORMANT ADDRESS
Waknow 100 = 2/1207-23/3	Md. MASONIE House Conterrulles Mil
18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P
Links to the Call	SE Brochopneumonia.
(This does not mean the mode of dying, e. D. All MMEDIATE CAU.) heart failure, asthenia, etc. It means the disease injury at camplication which caused death.)	CONSEQUENCE OF:
	inuted fx (E) thoulder & Polisi
I DISEASES OR COMPILIONS, IT CAY, GIVING # 210 DOE TO, OK AS	A CONSEQUENCE OF:
ise to the above cause (A) stating the Sen	117-
The state of the s	**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL	L'Allander and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second a
DISEASE OR CONDITION GIVEN IN PART 1 [A].	20A AUTOPSYS (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
None WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in heme, form, factory, street, off etc.) Meaning House House	ice bldg. (If In Boltimore City, give exact location) injury OCCUR?  Masonie Homes, Cockeysville
210-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROXI 9 3 7/ While At Not White	X commung grande.
22. I certify that (1) (this hospital) attended the deceased fram.	1 I was work and an
that (1) (we) last saw the deceased alive on 15/9	19 7/ and that In(my) (our) apinion death accurred on the date
and hour and fram the causes stated abave. (1) (We) (did) (did nat) vi	
23A. SIGNATURE	23 B. DATE SIGNED
Dhur	nding Med. Stoff Phys. 8 9/15/7/
DEORES	3D. ADDRESS
LOUIS S. ELIAS. M.D.	Anion memorial Hospital; Baltimore
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREATED	MATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 9-18-71 LOUDON PAIRM	K CEMETERY BALTIMORE MISRYLAND
SEP 20 197 Vale E. Vale Registro	25C FUNERAL DIRECTOR ADDRESS TOWS &
\$ 150-REV. 1/1/68 8 9 9	Win. Cook- DROOKS lowson, Inc. Md.



Holv Redeemer Cemeterv

25C. FUNERAL DIRECTOR

258. NAME OF REGISTRAR

REMOVAL (Specify)

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

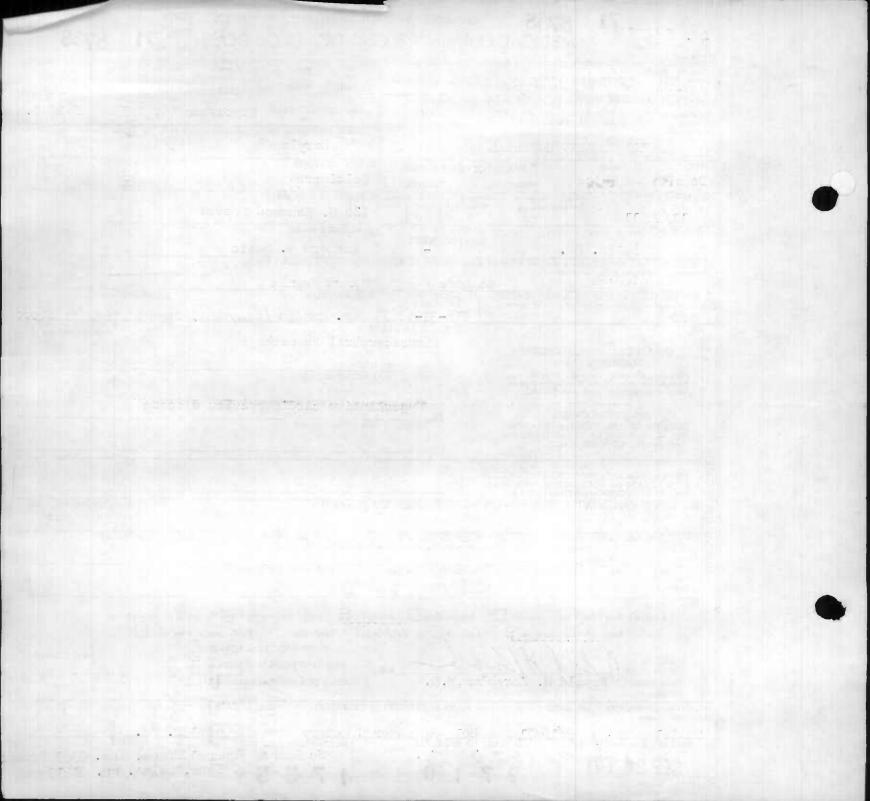
(City, town, or county)

ADDRESS

Balto. Md.

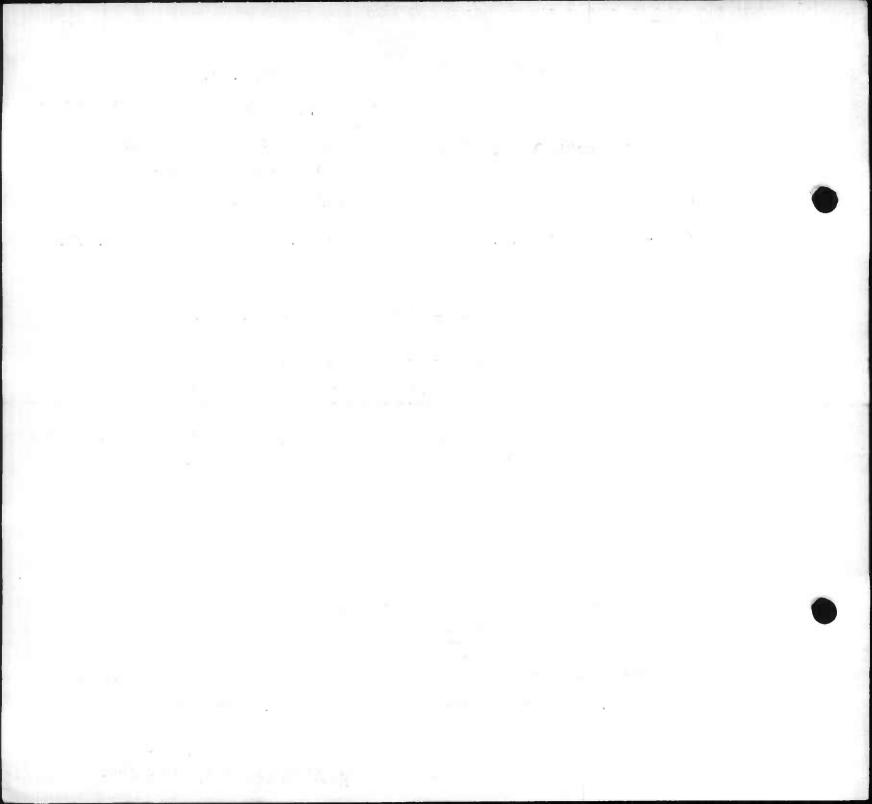
Schimunek Funeral Homes, Inc. 3331 Brehms

(Stole)

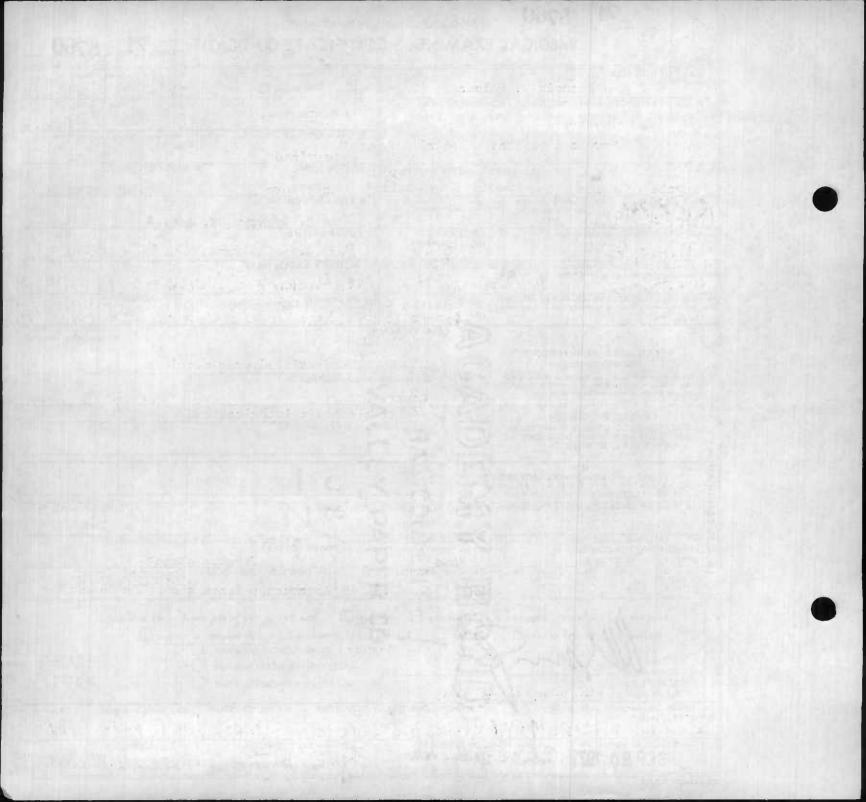


BIRTH N		71	8759	3 (	ERTIFICA	ATE OF	DEATH	REG. N	10	1 8
(Type or		HA		GEORGE				pt.13,	1971	
3. PLACE	IN BALTIA	MORE MARYLA	ND, WHER	E PRONOUNCED	DEAD	4. USUAL	RESIDENCE IWH	ere deceosed liv	ed. Il institut	lion: residence
FULL NA HOSPITA INSTITUT	LOR	(IF NOT IN I	HOSPITAL C	OR INSTITUTION, (	GVE STREET	11	d., 212	05	D. INSIDE C	
0	0 50	94 Orvi	ille	Ave. 212	05	E. STREET	altimor	е	YES	\$ <b>X</b> X
5. SEX	I.	RACE	T-a					ille Av		
mal	e	white	w	DOWED	DIVORCED	8. DATE OF 8/13	/1900	9. AGE (In yeo lost birthdoy)		Under 1 Yr.
done durin	a most of wo	ATION (Give kind rking life, even if re	of work 10 B.	KIND OF BUSINE	S OR INDUSTRY	11. BIRTHPL	ACE (Stote or fore	eign country!	12	CITIZEN OF
		ostmast		U.S.Post	Office	Pe	nna.			U.
13. FATHI	R'S NAME			-			S MAIDEN NA	ME		
		lbert E						unkno	own	
15. Wes D (Yes, no or	eceosed Ev	rer in U. S. Arm yes, give wor	ed Forces? or dotes of	service) 1 6. SOC	IAL URITY NO.	17. INFORM	ANT			ADDR
					5-8677	Edwa	rd Brau	n. son	abov	Je
18.710	15=	3 81 d	251		USE OF DEAT			, , ,		APPR
		OR CONDITION		-			,			BETWEE
1This	does not	mean the mo	de of dvin	10. 8.0	DUE TO, OR AS	USE Cal	Myn	9	**********	
hearl	lailure, as	thenia, etc. It is	means the	disease,	seleta e	to fie	Coe	of Pers	41	
		TECEDENT CA			MUI G &	14/10	ca	o acer		
DISE	ASES OR	CONDITIONS	, il any,	giving (I	DUE TO, OR AS	A CONSEQUI	ENCE OF:		**************************************	
nse	lo the	above couse CONDITION los	(A) slali	ing the	Ca of	cert	m -	diabei	tes.	2
	IE DEATH E	ANT CONDITION BUT NOT RELATED IDITION GIVEN I	D TO THE TE	RMINAL	Oxolete	s, mule		to tector	+	
9 19A.E	ATE OF O	PERATION 198	CONDITIO	N FOR WHICH C	PERATION	20A. AUT	OPSY? (Yes or No	IN CERTIFYIN	WERE FINDI	NGS CONS
OP C	ONTRIBUTIE	WAS UNDERLY NG CAUSE O edicol exominer	INO	21B. PLACE C	F INJURY (e.g., i loctory, street, al	n or about 21C lfice bldg., INJ	WHERE DID	(II In B	Soltimore City	, give exoct
DEATI 21D. T OF IN	IME (A	Aonthi (Doy)	(Yeor) (Ho	out 21E INJURY	OCCURRED	21 F.	HOW DID INJ	URY OCCUR?		
(APPR				While A1 Work	Not While	• 🗆				
22. 1	certify the	at (I) (this ho:	<del>spi</del> tal) atte	ended the deced		950		19ta	9	169
				Ive an 9/9		19	and th		r) apinian	death acc
				bave. (1) (We)-(4		lew the bad	y after death.			
23A. S	GNATURE	1. 1	0/				11122		23 B.	DATE SIGN
	kevel		Mag	cano	DEGREE Phys		Med. Director	Staff Phys.		9/14
23C. P	HYSICIAN'S	Dr. Th	neodo	re Grazi	ano	23D. ADDRESS	1654 E.	Belved	lere A	lvenue
24A. BURI REM	AL CREMA OVAL (Spec	TION, 248. DA	TE	24C. NAME of C	EMETERY OF CRE	MATORY	24D. L	CATION	(City, tov	wn, or county
Bu	rial	9/1	16/71		ns of F	aith	Ва	ltimore	, Md.	
	SEP Z	0 1971 PEPT.	P. B. 258.	NAME OF REGIST	CA)	Schi 83	munek F 31 Breh	uneral	Home.	
VS 150-RE	V. 1/1/68							LICKET C		

BALTIMORE CITY HEALTH DEPARTMENT 71 8759 REG. NO. OUR OF DEATH 13, 1971 Meosed lived. Il institution: residence before odmission) D. INSIDE CITY LIMITS? YESXX NO 🗌 e Avenue E (In years pirthdoy) If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? untryl U.S.A. nknown ADDRESS son, above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH lever 2 years IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (Il In Boltimore City, give exoct location) CCUR? my) (our) apiniah death accurred an the date 23B. DATE SIGNED elvedere Avenue (City, town, or county) (Stotel more, Md. ADDRESS



1 1/5		700	BALTIMORE CITY	HEALTH DEPAR	RTMENT				
C-450	M	EDICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	н.	71	9760
BIRTH NO.							REG. NO.	·	6700
1. NAME OF DEC	CEASED			2. DATE	Knawn 🔼	Month	Day	Year	Hour
(Type of Filliny	Fran	cis C. C	oleman	OF DEATH	Estimated 🗌	9	14	71	8:15 A.
4. PLACE IN BAI	TIMORE, MARYLAN	ID, WHERE PRO	NOUNCED DEAD	3. DATE		Manth	Day	Year	Hour
FULL NAME OF	(IF NOT IN HO	SPITAL OR INSTI	TUTION, GIVE STREET	PRONOL	JNCED DEAD	9	14	71	9.15 A
OR INSTITUTION				5. USUAL R	ESIDENCE (Where				8:15 A.
42	Maryland	d Genera	l Hospital	A. STATE			B. COUNTY		117
6. SEX	7. RACE	IR -			aryland		D. INSIDE C	ITW HANTED	VOC
o. JEX			D NEVER MARRIED	Q C. CITY OK	TOWIN				
Female	White	WIDOWE			altimore		Y	ES 😡	NO 🗆
9. DATE OF BIRT		E (In years rthday)	If Under 1 Yr. If Under 24 H Nonths: Doys: Hours: M	s. E. STREET A	ND NUMBER				
Uct, 27		39		18	E. Prest	on St.	Apt. 4		
11. BIRTHPLACE	State or lareign count	ry) I	2. CITIZEN OF	13. FATHER	SNAME		. ^		
MIAR	4 (ANd		WHAT COUNTRY?	NE	1 GOZ 1.	JEEC	J Gol	OFIN	GAC
14A.USUAL OCCU	PATION (Give kind of	work 148. KIND	OF BUSINESS OR INDUS	RY 15. MOTHE					1
wanted wing most of	working lile, even If reti		taurant	Ca	Lhepile	FI	ZABE	LLA	WHERSON
	ED EVER IN U.S. AR			IB. INFORM	MANT MOT			DDRESS	Prodesor
	(if yes, give war or d		SECURITY NO.	3 1000			1 -	O	LIBERT
100			219-30-351	3 HIRS, C	atherine	1,33	DIEMAN	へのよう	reville,
7	00113		CAUSE OF D	ATH					PPROXIMATE INTERVAL WEEN ONSET AND DEA
DISEAS	E OR CONDITION	DIRECTLY							
	LEADING TO DEAT		(A)IMMEDIAT	E CAUSE Unid	lentified	drug c	verdose		
(This does n	ot mean the mode of	of dying, e.g.,	DUE 10, 0	R AS A CONSEQ	UENCE OF:				
injury or car	mplication which couse	d death.)	Cont	ibuting:	75-76			10.0	
A	NTECEDENT CAUSE	c			lic intox	cicatio	n		
	OR CONDITIONS, IF		DUE TO, C	R AS A CONSEC	UENCE OF:				
I IINDEDIVI	E ABOVE CAUSE (A)	STATING THE							
Z			(c)						
OTHER SIGN	III	IC CONTRIBUTION	10						T3-115. F3-
O THE DE	IIFICANT CONDITION ATH BUT NOT RELATE	D TO THE TERMIN	IAL						
DISE ASE OR	CONDITION GIVEN		***************************************						
TO THE DE DISEASE OR 20A. DATE OF	OPERATION 208.	CONDITION F	OR WHICH OPERATION	WAS PERFORM	ED			21. AUTO	PSY? (Yes or No)
								7	Yes
	NAL CAUSE WAS	22	B. PLACE OF INJURY (e. om e, farm, foctory, street, a	, in or obout 2	C. WHERE DID	(If In Boltimor	e City, give exc	ct location)	
	USE OF DEATH.		Home	nce blag., erc.) II			Street		
≥ 22D. TIME		(Yeor) (Hour)	22F INITURY OCCURRE	2:	F. HOW DID IN	JURY OCCU	JR? inges	ted di	rugs
OF INJURY (APPROX.)	9 14	71 _	WHILE AT N	The state of the s					everages &
23.		· · · · · · · · · · · · · · · · · · ·	A. WORK AT	WORK EL 12	ipparenery	di dili	· arcono	110 00	everages e
1 cert	ify that I held an	Inquiry -	Inspection 🗌 🗸	utopsy 🔀	and that on th	als basis.	death in my	aninian	
	ted Hoffel Natural						-		
10301	7/1/1/1	conses	//				ned manner	X	
ACTUAL	1810/ \/	2	X		HIEF MEDICAL E				DATE SIGNED
SIGNATI	RE	- /	T N	.D. ASSIS	TANT MEDICAL E	XAMINER			
EXAMIN		//		ASSO	CIATE MEDICAL E	XAMINER			9-14-71
NAME (1		r U. Shall	z, M.D.						
REMOVAL (Speci	fy)	1 4	24C. NAME of CEMETER	or CREMATO	RY 24D	LOCATION	(City, lown	, or county	(Stote)
BURIA	1 SER	11/197	Church Hill	CEMEN	ERY Ch	wrot	Hill ()	A.Co	Mod
25A. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C. F	UNERAL DIRECTO	OR O	A CA	DDRESS	1 11 121
SE	P20 1971	Volant E	Jaber M.D.	din	24 Batt	Sh. K	wto K	1 (1-	Drow Da. 1
/C 161 DEV 3/1/46		1 1	1 1 0 0	OUA	4	100	~~~~	A CX	Torres !



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

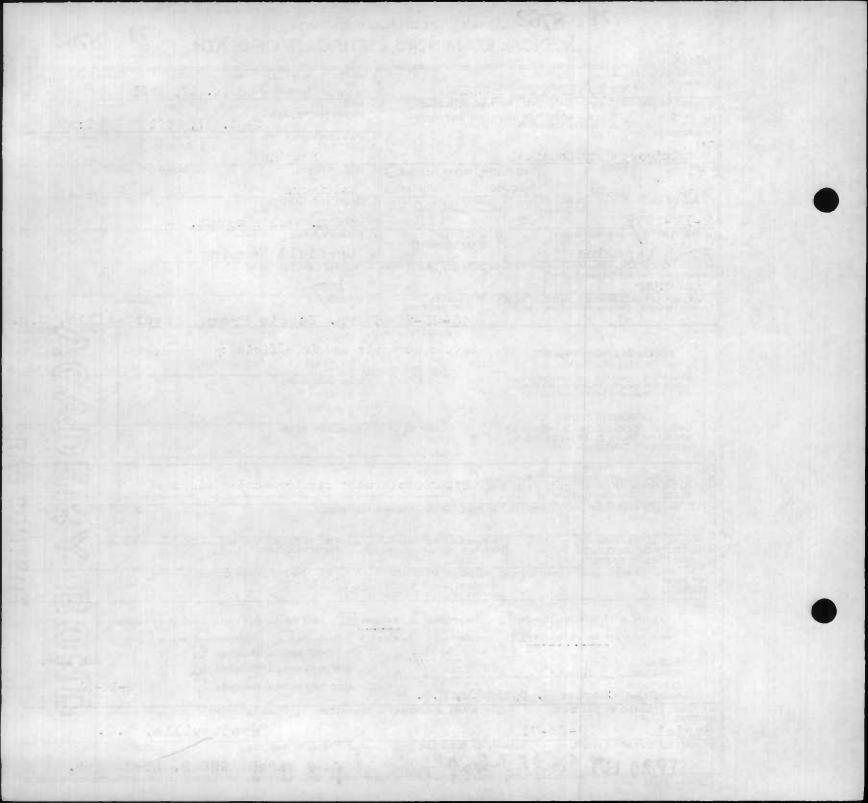
/	7-1/2	0174	OMC	4		BALTIMORE CI	Y HEAL	TH DEPARTME	NT		17/4	OFIC	1
BI	2-43C	//1	876.	T		CERTIFIC	ATE (	OF DEAT	TH	REG. NO	71	876	1
	NAME OF DEC	EASED						2. DA	ATE AN	D HOUR OF DEATH			
Ľ			ANNA GO					SE	PTEM	MBER 16, 197	1	9:3	5 A.M.
3.	PLACE IN BAL	TIMORE, A	MARYLAND, W	HERE PRO	NOUNC	ED DEAD	A. STA	JAL RESIDENC	E (Where	e deceased lived. If in	stilution:	residence before	odmission)
EL	JLL NAME OF	(IF N	OT IN HOSPIT	AL OR IN	опитпо	N, GIVE STREET		MARY LAN	X			27	20
IN	NOITUTION						11	ORTOWN	\F	D. INSI	DE CITY	LIMITS?	
	7010 SU	IRREY	DRIVE, 2	2nd Fl	LOOR		11	BALTIMOR			YES	NO	
1	10						C. 311			DRIVE, 2nd	ELOO	D	
5.	SEX	6. RACE		7- MARRI	ED N	NEVER MARRIED	8. DAT	E OF BIRTH					nder 24 Hrs.
	FEMALE		ITE	WIDOW	ED XX	DIVORCED	9-1	6-1895		ost birthdoy) 76	Months	Doys Hours	Min.
do:	USUAL OCCU	JPATION (C	ive kind of work	108, KIND	OF BUS	INESS OR INDUSTR	Y 11. BIR	THPLACE (Stote	or foreig	in country)	12, CIT	ZEN OF WHAT	COUNTRY?
	HOUSEW		, , , , , , , , , , , , , , , , , , , ,		Т НО	ME	BAI	TIMORE,	MARY	LAND	US	Α	
13.	FATHER'S NAM	ΛE						THER'S MAIDE					
	ABRAHAM	GOLD	BERG				F	ANNIE GO	LDBE	RG			
15. (Ye	Was Deceased s, no of unknown)	Ever in U.	S. Armed Fore	es? s of service	e) 16.	SOCIAL SECURITY NO.	17. INF	DRMANT				ADDRESS	
	NO						MR.	SAMUEL M	1I L L E	R, 7010 SUR	REY	DR. 1st.	FLOOR
Т	18. 4	0,0	1			CAUSE OF DEA	TH			, , , , , , ,		APPROXIMATE	INTERVAL
			NDITION DIR	ECTLY						a		BEIMEEN ONSE	AND DEATH
	(This does no	at meen	he mode of	dying, e	-g.,	(A) IMMEDIATE CA	USE CONS	erona	m	occlusion	********	and	لا
	heart lailure, injury or com	osthenio,	etc. Il meons	the diseo	se,	DOL 10, OK A.	A CONSI	QUENCE OF:					
	A	NTECEDE	NT CAUSES			. Huge	tr.	1 + G. I	Luis	elevotri C-U	0:	Yes	4
	DISEASES O	R COND	ITIONS, if c	ny, givi	ing	DUE TO, OR A	S A CON	EQUENCE OF:			********	J	*********
	rise to the UNDERLYING	CONDIT	couse (A)	sloling	lhe	(6)							
			11			(c)							
NO	OTHER SIGNIFIC	CANT CON	DITIONS CON	TRIBUTIN	G								
CAT	TO THE DEATH	NOTITION	GIVEN IN PART	1 (A).		***************************************	**********				************	************	P000
CERTIFICATION	19A. DATE OF	OPERATIO	WAS PERF	ORMED	R WHIC	H OPERATION	20 A.	AUTOPSY? (Yes	or No)	208, IF YES, WERE FI	NDINGS SES OF	CONSIDERED DEATH?	
ÇE	21A. A CCIDEN OR CONTRIBUT	T WAS U	NDERLYING [		218. PLAC	E OF INJURY (e.g.,	in or obou	121C. WHERE	DID	(If In Boltimore	City, alv	e exoct locotion)	)
CAL	DEATH (notify	medicol ex	omined		elc.)	m, foctory, street,	office bldg.	INJURY OCCI	U R?				
MEDICAL	21D.TIME OF INJURY	(Month)	Doy) (Yeor)	(Houd)	TE INJU	IRY OCCURRED		21F. HOW DI	D INJU	RY OCCUR?			
2	(APPROX.)				While At	Not Whi							
	22. I certify t	hat (1) (t	hi <del>s hospital)</del>	attende	d the de	ceased from		april	. 19	6 J to	91	15/71 1	0
	thot (I) (***)					9/	5 1	7/ 0		In (my) (our) opini			n the date
	and hour and	from the	couses stote	d obove	(I) (Wi	(did) (d <del>id no</del> t)	view the						
	23A. SIGNATUR	E	4								238, DA1	E SIGNED	
	6		R. Mas	zer >	n . 10	DE GREE Phy	ending X	Med. Director	S P	hys.	91	16/71	
	23C. PHYSICIAN NAME (Ty	rs pel				75042	23D. ADI	PRESS		<del></del>	/		
		LOU	IS MASER	2		DEGREE		2724 S	MITH	AVENUE			
24A	REMOVAL (Sp	ecify)	48 DATE	24C.	NAME	of CEMETERY of CR	EMATORY		4D. LO		town, o	or county)	(Stote)
25.0	BURIAL		9-17-71			KODESH				'IMORE, MARY	LAND		
co A	CFD 9	O TO	PEPT RE	25E NAM	OFTE	SISTRAN		FUNERAL DIRE		BROS.,6010	RET	ADDRESS STERSTOW	N ROAD
/\$	150-REV. 1/1/61	B IN	0.430		N.	tal .	1	- 72.190	-Q 4	2.000,0010	IU.I		II NOAD

200 25 25 1 Mayor and the second of the second Tomas of March In The the state of the s

71 8762 BALTIMORE CITY HEALTH DEPARTMENT

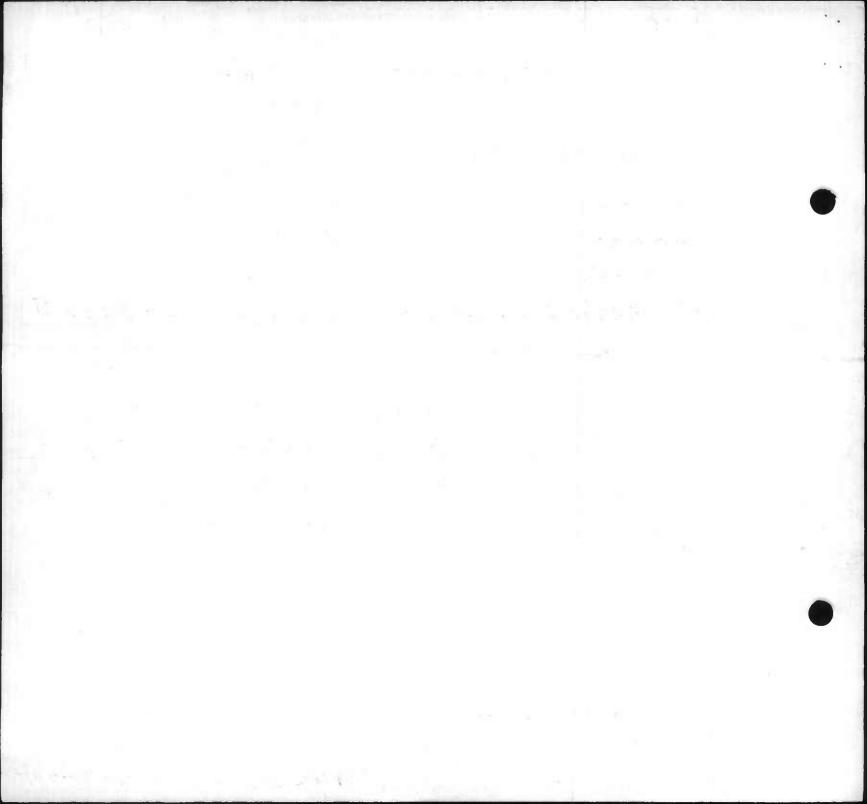
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71	O Mac Co
-	8762
	0.00

BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 8762
1. NAME OF DECEASED	2. DATE Known XX Manth Day Year Hour
(Type or Print) (EDWARD) EDDIE MANNING	OF Estimated [] Sept. 17 1971
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD Sept. 17, 1971 3:55 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
Baltimore City Hospital	A. STATE Maryland B. COUNTY 70 4
6. SEX 7. RACE 8. MARRIED NÉVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltimore YES NO
2-12-1912   lest birthday) 59   Months Days   Hours   Min.	800 N. Washington St.
11. BIRTHPLACE (Slole or loreign country)  12. CITIZEN OF	13. FATHER'S NAME
North Carolina WHAT COUNTRY?	Garfield Manning
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even Ifretired)	15. MOTHER'S MAIDEN NAME
Laborer	Clara
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) ((1) yes, give war or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
	8 Mrs. Jessie Brown Fayetteville, N.C
19. CAUSE OF DEAT	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Aortic steno	sis and insufficiency
LEADING TO DEATH (A)IMMEDIATE C	
	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANITECEDENIT CALICES	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO, OR A	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	rotic cardiovascular disease
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., i	in or about 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22F. INJURY OCCURRED	bldg., etc.) INJURY OCCUR?
	22F. HOW DID INJURY OCCUR?
	WHILE
m. WORK AT WO	ORK L
I certify that I held on Inquiry Inspection Aut	opsy ond that on this basis, death in my opinion
	Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL / LA XQ	ASSISTANT MEDICAL EXAMINER T
SIGNATURE MAD.  EXAMINER'S	
NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER 49-18-71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specily) Burial 9-23-71	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Fayetteville, N.C.
CED 20 1071 P. R. & E. Farber K.B.	25C. FUNERAL DIRECTOR ADDRESS
SEP 20 W Vaser & Jaiper mes	Wm & March 928 E. North Ave.
VC 161 DEV 1/1/40	



was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

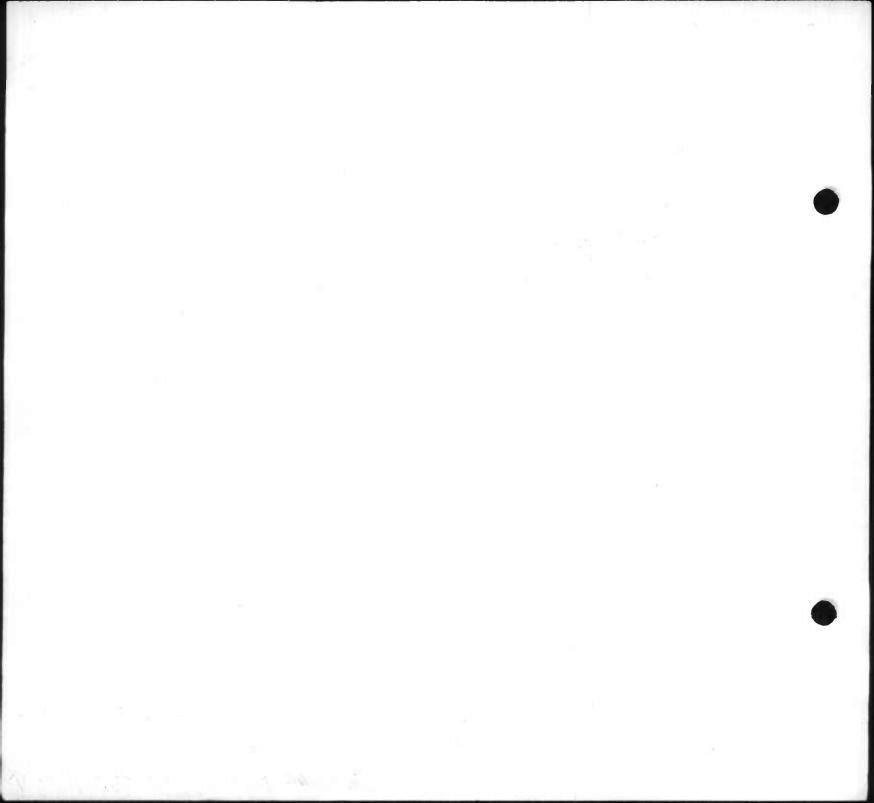
C-524 71	OMC2	HEALTH DEPARTMENT	REG. NO. 71	8763
I. NAME OF DECEASED				
(Type or Print) CONIC	GLAND, James LEE	1 911	6/71	1245 A
3. PLACE IN BALTIMORE, MARYLANO,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in:	stitution: residence before admission
FULL NAME OF (IF NOT IN HOS HOSPITAL OR ADORESS OR LO	PITAL OR INSTITUTION, GIVE STREET	Maryland		1002
INSTITUTION		C.CITY OR TOWN Baltimore	D. INSI	PE CITY LIMITS?
The Johns Hopkin	ns Hospital	E. STREET AND NUMBER		YES NO NO
_	1	939 Abbott	Court	
S. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years	If Under 1 Yi., If Under 24 Hrs.
Male Negro	WIDOWED DIVORCED	9/9/06	last birthdayl 65	Manths Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of we dane during most of warking life, even if retired	ark 108, KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at late)	gn cauntry!	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
Joseph Coniglar	nd	Manerva Jo	seph	
15. Was Deceased Ever in U. S. Armed (Yes, ng ar unknown) (II yes, give war or d	forces? 1 6. SOCIAL	17. INFORMANT	-	ADDRESS
YES 12/27/43-	5/15/45 218 -03-4117	Doris Conig	LAND 25	14 Francis PT
18. / 8 5 X I	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION		1 1 - 1 0	71	
(This does not mean the mode heart failure, asthenia, etc. It mea	of dying, e.g., ns the disease,	SE-INLIGUENCE OF:	Hemorologe	3 C \0015
injury or complication which cous  ANTECEDENT CAUS				
DISEASES OR CONDITIONS, in	(B) 12100ding	CONSEQUENCE OF:	to Durson	with apply 2
rise to the obove couse (A		0 0 0		0 0 4
UNDERLYING CONDITION Iosi,	(c) Tution	sentar Cooque	lian 2-70 M	clashit years
OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P. 19A. OATE OF OPERATION 19R. CO. WAS P.	THE TERMINAL HYDEREN	come: ASCVI)	Acomia	***************************************
19A-OATE OF OPERATION 19R CO	ONDITION FOR WHICH OPERATION ERFORMED	Yes	20 L IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21& PLACE OF INJURY (e.g., ir home, form, factory, slicet, of etc.)	or about 21 C. WHERE DID		City, give exact location
OF INJURY (Month) (Day) (Year	Hour 21E INJURY OCCURRED	21F. HOW OID INJU	DRY OCCUR?	
(APPROX.)	While At Work Not While At Work			
22. I certify that (1) (this hospit	ol) attended the deceased from	int 3 1	9.71 to Sep	- 16 19 7/
that (1) (we) lost sow the decea				Ion death occurred on the date
and hour and from the causes st	ated abave. (1) (We) (fid) (did not) v	ew the body ofter death.		
23A. SIGNATURE	20			23B DATE SIGNEO
La. SJ Varia	MI) DEGREE Phys	iding Med. Director	Shaff D.	9/11/71
23C. PHISICIAN'S NAME (Typo)		3D. ADDRESS		1/10/
J. Varne	DEGREE	The Johns Ho	pkins Hos	pital
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City	town, as county) (Statel
25A. DATE REC'O BY HEALTH DEPT.	25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	n complete	2 PADERESS
SEP 20 107 04	10000	regloß.	focks X	15041. Centy ay



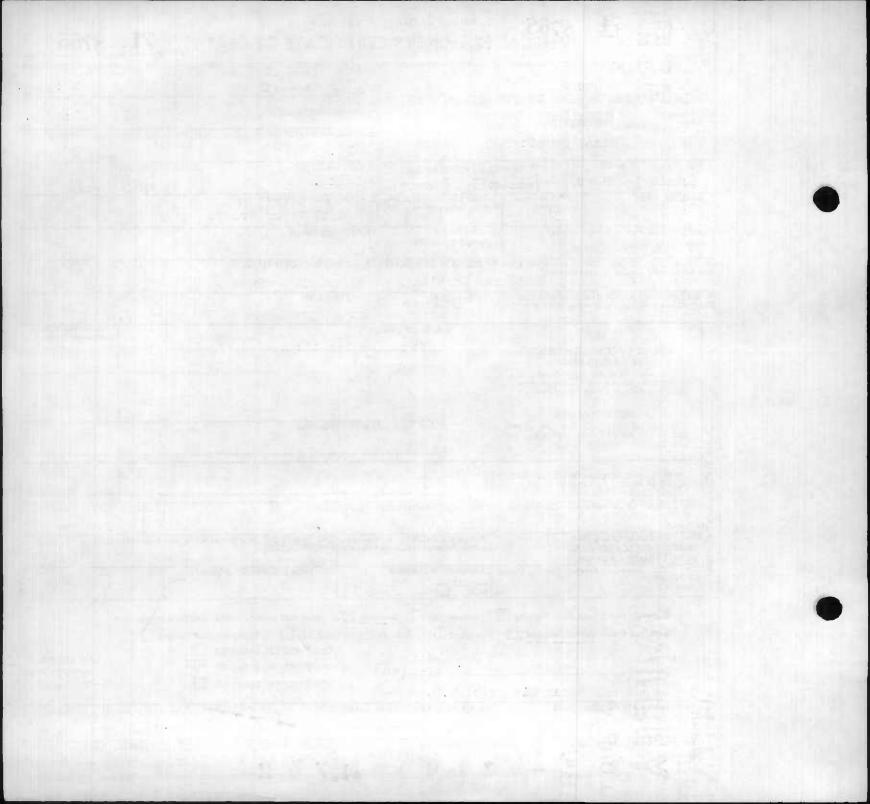
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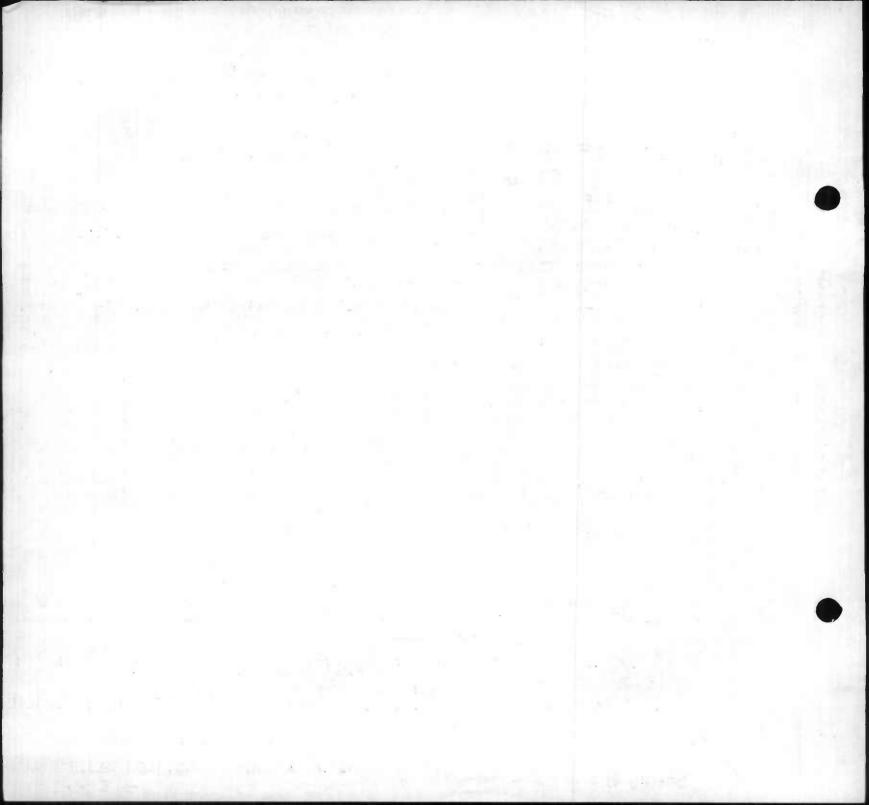
W-451 11 8764 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH  REG. NO. 71 8764
I. NAME OF DECEASED  (Type or Print)  AND AND AND AND AND AND AND AND AND AND	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland /30 +
BALTIMORE CITY HOSP.	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES X NO
BALTIMORE, MD. 2/224	1611 Gwynns Falls Parkway
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED X	8. DATE OF BIRTH    - / 8 - 2 8   9. AGE (in years lost birthday)   11 Under 1 Yr. If Under 24 His. Months Days Haurs Min.
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14- MOTHER'S MAIDEN NAME
Cliver far Sons	Hattie showers
15. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown  (If yes, give war or dates of service)   16. SOCIAL   SECURITY NO.	BCH: Records Baltimore, Maryland 21224
DISEASE OR CONDITION DIRECTLY	Hepatie failure BETWEEN ONSET AND DEATH
LEADING TO DEATH  [This does not meen the mode of dying, e.g., (A)   MMEDIATE CA	USE CINhoxis 5-6 YM A CONSEQUENCE OF: 1 +
heatt lailure, asthenia, etc. It means the disease, injury at camplication which caused death.)	mic Parguatity 6-1 Bleeding 5-6 ys
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:
	mia 5-6 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes of No.) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, fociory, street, of DEATH (notify medical examiner)	n or about 210, WHERE DID III to Rollimore City often event levelled
OF INJURY IAPPROX.)    Quantity   Control   Co	
22. I certify that (1) (this hospital) attended the deceased from	726 19 71 9/17 71 19
that (I) (we) last saw the deceased alive on 9/17	19 71 and that In(my) (aur) apinion death accurred on the date
and hour and from the causes stated above. (I) (We) (did) (did not) and SIGNATURE	
Smat Silver M.J. Att	anding Med. Shaff Director Phys. 2 23B, DATE SIGNED
SURAT SINASA M.D.	23D. ADDRESS  4940 Eastern Avenue, Baltimore, Maaryland 21224
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	4340 pastern avenue, partrimper, pagryrand sizes
25A. DATE REC'D BY HEALTH DEPT. 25B. NEATE OF BEGISTRAR	125G. FUNERALDIRECTOR ADDRESS
SEP 20 1971 Page & Jaba, R.D. C 0	25G. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS FUNERAL COMP. 31911 Marchine



W-4	231 876 MEI	5 OICAL	BALTIMORE CITY HE EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	71. 8	765
1. NAME OF DEC	Rose Wel			2. DATE OF	Known XX	Month	Doy	Year	Hour 11.00
4. PLACE IN BALL	IMORE, MARYLAND,		NOUNCED DEAD	DEATH 3. DATE	Estimated 🗆	9	16	71	11:20 R
FULL NAME OF			UTION, GIVE STREET		INCED DEAD	Month 9	16	71	Hour 11:20 p.
OR INSTITUTION	Sinai Hos			5. USUAL RE	SIDENCE (Where	deceosed li	ed. If Institution	n: residence b	perore odmission)
6. SEX	7. RACE	8. MARRIE	D X NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	110
female	Negro	WIDOWE		Balto			Y	ES 🔀	по 🗆
9. DATE OF BIRTH	10.AGE (I lost bighdo 53	years M	Under 1 Yr. II Under 24 Hrs. onths, Days, Hours, Min.		ND NUMBER	venue			
	rt, Conn.	12	CITIZEN OF WHAT COUNTRY?	unk.	S NAME				
14A-USUAL OCCUP	PATION (Give kind of work orking life, even if retired) TK		OF BUSINESS OR INDUSTRY	344	to a resolution of a section				
			an Hospital		beth Hyma	n		IV describe	
(Yes, no of unknown) ΩO	D EVER IN U.S. ARMEI (II yes, give wor or doles	of service)	215-16-0324	Mr. Ro	ant bert Jone	s 4527		DDRESS Ave. 2	1215
AN DISEASES O RISE TO THE UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR 20A. DATE OF	of meon the mode of dy osthenia, etc. it meons the pilication which coused de iteCEDENT CAUSES OR CONDITIONS, IF ANY ABOVE CAUSE (A) STA G CONDITION LAST.  If FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN P. OPERATION 208. CONDITION 208.	C, GIVING TING THE	(E) DUE TO, OR (C)	AS A CONSEG	UENCE OF:			21. AUTOI ye	PSY? (Yes or No)
UNDERLYING	IAL CAUSE WAS OR CONTRIB- USE OF DEATH. Month) (Doy) (Yeor	) (Hour)	B. PLACE OF INJURY (e.g., me, farm, lactory, street, office	white	G. WHERE DID ( UURY OCCUR?			ect focution)	
	R'S Peter ATION, 24B. DATE (1) 9-21-7	Lipkov		ASSIS  ASSOCIOT CREMATOR  al Park	HIEF MEDICAL E TANT MEDICAL E CIATE MEDICAL E	Indetermine KAMINER KAMINER KAMINER OCATION	(City, town	, or county)	DATE SIGNED 0/17/71 (Stole)
SEP 20 VS 151-REV. 1/1/68	1977 (R.E. 6)	8 3. B	E ABO		cshall W				



NAME OF DECEASED	ESLAWA RADZIMIN		AND HOUR OF DEATH	1/30
	LAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived, If inst	itution; residence before admission)
FULL NAME OF (IF NOT II HOSPITAL OR ADDRESS NSTITUTION	N HOSPITAL OR INSTITUTION, GIVE OR LOCATION)  Wick Avenue	A. STATE B. COI	D. INSID	E CITY LIMITS? YES NO
SEX 6. RACE	7. MARRIED NEVER MA		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
lone during most of working life, even	kind of work 108, KIND OF BUSINESS OF	ORCED 5/8/98 R INDUSTRY 11. BIRTHPLACE (State or fo	73	12. CITIZEN OF WHAT COUNTRY
Housewife 3. FATHER'S NAME	-	Maryland		U.S.A.
	n Kisielewski	Stefania	Malanowsk	i.
5. Was Deceased Ever in U.S. / Yes, no or unknown) (If yes, give w	wor or dotes of service) SECURITY	No. 17. INFORMANT 4116D Mr. Stefan Ra	adziminski,J	31905. r.Ellwood Ave.
ANTECEDENT DISEASES OR CONDITIO	ONS, if any, giving DU	E TO, OR AS A CONSEQUENCE OF:		
rise la lhe abave con UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING			
UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION  TO THE DEATH BUT NOT REL  DISEASE OR CONDITION GIV	I losi. (C)	ATION 20A. AUTOPSY? (Yes or		NDINGS CONSIDERED SES OF DEATH?
UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV 19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medical exami	I losi. (C)  IONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  1198. CONDITION FOR WHICH OPERA WAS PERFORMED  ERLYING   218. PLACE OF IN home, form, focto		No) 208, IF YES, WERE FII	NDINGS CONSIDERED SES OF DEATH? City, give exoct locotion)
UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITION  TO THE DEATH BUT NOT REL  DISEASE OR CONDITION GIV  179A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER  OR CONTRIBUTING CAUS  DEATH (notify medical exami	I losi. (C)  IONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  1198. CONDITION FOR WHICH OPERA WAS PERFORMED  ERLYING   218. PLACE OF IN home, form, focto	ATION 20A. AUTOPSY? (Yes or NOTE OF THE PROPERTY OF THE PROPER	No) 20B. IF YES, WERE FII IN CERTIFYING CAU: (If in Baltimore	SES OF DEATH?
UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT NOT REL  DISEASE OR CONDITION GIV  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDER  OR CONTRIBUTING CAUS  DEATH (notify medical exomination)  21D. TIME (Month) (Dogo of INJURY  (APPROX.)  22. I certify that (I) (this in that (I) (in the institution)  OR CONTRIBUTION (In the institution)  1	I losi. (C)  IONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  1198. CONDITION FOR WHICH OPERA WAS PERFORMED  ERLYING   21B. PLACE OF IN home, form, focto etc.)  Y) (Year) (Hour) 21E. INJURY OC While At   Work Thospital) attended the deceased a deceased alive on	ATION 20A. AUIOPSY? (Yes or NO NO NO NO NO NO NO NO NO NO NO NO NO	No) 208, IF YES, WERE FII IN CERTIFYING CAU:  (If in Baltimore  NJURY OCCUR?	Ses OF DEATH?  City, give exact location)  Lyfembor 1 /1971
UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITION  OTHER SIGNIFICANT CONDITION  IO THE DEATH BUT NOT REL  DISEASE OR CONDITION GIV  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDE  OR CONTRIBUTING CAUS  DEATH (notify medical exomi  21D. TIME (Month) (Dog  OF INJURY  (APPROX.)  22. I certify that (I) (this  that (I) (application) last saw the  and hour and from the cau  23A. SIGNATURE  23C. PHYSICIAN'S	I losi. (C)  IONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  1198. CONDITION FOR WHICH OPERA WAS PERFORMED  ERLYING   21B. PLACE OF IN home, form, focto etc.)  Y) (Year) (Hour) 21E. INJURY OC While At   Work Thospital) attended the deceased a deceased alive on	ATION 20A. AUTOPSY? (Yes or NO NO NO NO NO NO NO NO NO NO NO NO NO	No) 20B, IF YES, WERE FII IN CERTIFYING CAUS  (If in Baltimore  NJURY OCCUR?	Ses OF DEATH?  City, give exact location)  Typically 1/1971
UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT NOT REL DISEASE OR CONDITION GIV  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUS DEATH (notify medicol exomi  21D. TIME (Month) (Dog OF INJURY (APPROX.)  22. I certify that (I) (this that (I) ( ) last saw the and hour and from the cau 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) A. Allan	IONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  198. CONDITION FOR WHICH OPERA WAS PERFORMED  ERLYING SE OF home, form, foctor etc.)  199. (Year) (Hour) 21E. INJURY OCC While At Work  Thospital) attended the deceased of deceased alive on the second of deceased alive on the se	ATION  20A. AUTOPSY? (Yes or NO DOWN)  NJURY (e.g., in or obout 21C. WHERE DID in in in its property, street, office bldg., in JURY OCCUR?  CURRED  Not While At Work  I from Attending At	No) 20B. IF YES, WERE FII IN CERTIFYING CAUS  (If in Baltimore  NJURY OCCUR?  19 7/ ta opinion.  Shaff Phys.   dge Road, Bal	City, give exact location)  Influence / 1/197/ Ion death occurred on the date 23B. DATE SIGNED  9/17/1/ Ltimore, Md. 2121
UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT NOT REL  DISEASE OR CONDITION GIV  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDE  OR CONTRIBUTING CAUS  DEATH (notify medical exami  21D. TIME (Month) (Dog  OF INJURY  (APPROX.)  22. I certify that (I) (this  that (I) (m) last saw the  and hour and from the cau  23A. SIGNATURE  23C. PHYSICIAN'S  NAME (Type)  24A. BURIAL CREMATION, 24B.  REMOVAL (Specify)	IONS CONTRIBUTING ATED TO THE TERMINAL EN IN PART 1 (A).  198. CONDITION FOR WHICH OPERA WAS PERFORMED  ERLYING SE OF home, form, foctor etc.)  199. (Year) (Hour) 21E. INJURY OCC While At Work  Thospital) attended the deceased of deceased alive on the second of deceased alive on the se	ATION  20A. AUTOPSY? (Yes or NO  NJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR?  CURRED  Not While At Work  from  Attending M. Med.  Director  23D. ADDRESS  1501 Pentricetery or CREMATORY  24D.	No) 20B. IF YES, WERE FII IN CERTIFYING CAUS  (If in Baltimore  NJURY OCCUR?  19 7/ ta opinion.  Shaff Phys.   dge Road, Bal	City, give exoct location)  Influence 171971  Ion death occurred on the decay 17171



BALTIMORE CITY HEALTH DEPARTMENT hospital and use of death (5) Deceased CERTIFICATE OF DEATH BIRTH NO. I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 hospital death. 3. PLACE IN BALTIMORE, MARYLAND, 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before A. STATE B. COUNTY WHERE PRONOUNCED DEAD attendance cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN etermined cause; 0 D. INSIDE CITY LIMITS? Gould Conalescant Home Baltimore YES X NO prior contributing E. STREET AND NUMBER 6116 Belair Road 336 S. Spring Court made regular 5. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED 9. AGE (In years Under 1 Yr. Months! Doys If Under 24 Hrs. deceased 8/25/1898 los1 birthday Hours female white WIDOWED X DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Cnd Fidelity & Deposit Maryland USA Char woman Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 3 unknown unknown assistant uo eath 15. Wes Decessed Ever in U. S. Armed Foices? (Yes,no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS or final attendance 213-14-5106A Albert W. Meyers, 33 N. Kresson St., 21224 O no any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 90 embalmed LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: the chief medical examiner regular examiner. injury or complication which caused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if ony, giving <u>@</u> rise to the obove couse (A) stoling the physician UNDERLYING CONDITION last the remains medical burns; Was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 8 WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF any nature; (2) where 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If In Boltimore City, give exect location) the body was released to the hospital å MEDICAL DEATH (notify medical exemined obtained 21D. TIME OF INJURY (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved Not While (except While At (APPROX.) and Work 22. I certify that (i) (this hespital) attended the deceased fram. that (1) (we) last saw the deceased alive an and that in (my) (our) apinion death accurred on the date hospital death) and have and from the couses stated above. (1) (We) (did) (did not) view the body after death. must accident 23 B. DATE SIGNED Attending 🔼 Staff Phys. 0 Med. deceasea prior io Director L 8 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS ŧ An Albert B. Bradley 4900 Belair Road D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) shows: 9/18/71 Burial Glen Haven Cemetery Glen Burnie, Maryland Was 25A. DATE REC'D BY HEALTH DEPT. 25C, FUNERAL DIRECTOR Witzke, 1680 Edmondson Avenue, 21228 VS 150-REV. 1/1/68

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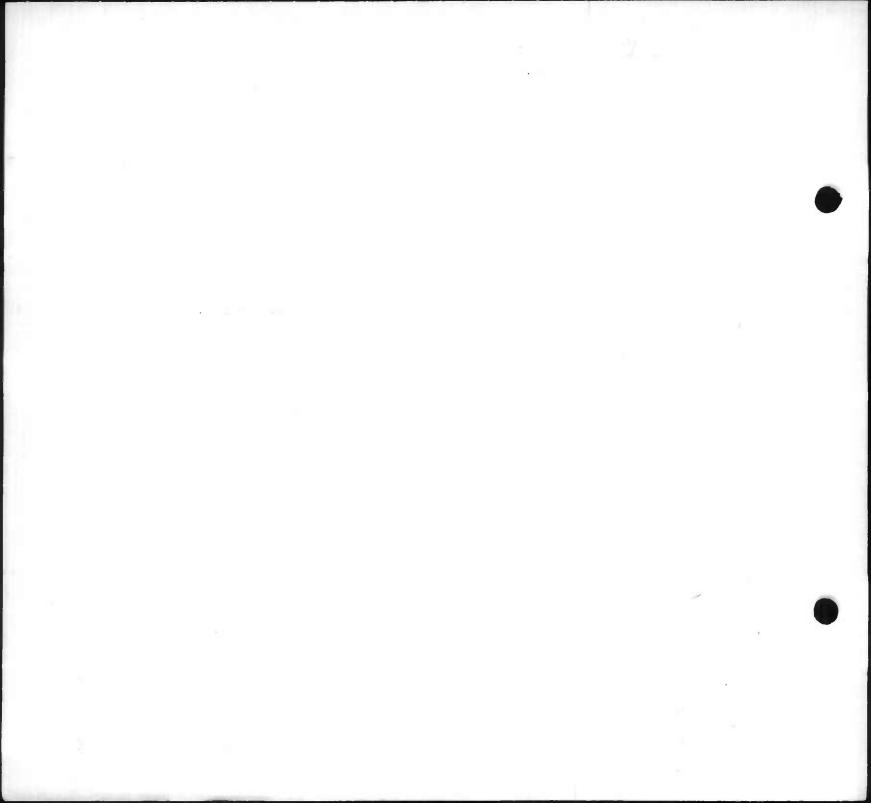
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	5-111	71 8	8768	BALTIMORE CITY	HEALTH DEPARTMENT		101.4	020		
BII	11H NO.		1700	CERTIFICA	TE OF DEATH	REG. NO.	/1	8700		
	Pe or Print SCH	RUFER,	HENRY	ANT ONE		AND HOUR OF DEATH	1971	2:30 P		
3.	PLACE IN BALTIMORE				A. STATE DATE B. CO	here deceased lived. If in	stitution; resi			
	ILL NAME OF (IF	NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	A. STMARYLANDO			2854		
İN	STITUTION	DREST OR LOC.	AIIONI		BALT MORE	D. INSI	DE CITY LIM			
	O ST A	GNES HO	SPITAL		E. STREET AND NUMBER					
L					4704 AMBERLEY AVENUE 21229					
	SEX 6-RACI			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthyloy)	II Under 1 Months: D	Yr. If Under 24 Hrs.		
11		TE	WIDOWED		11. BIRTHPLACE (Stole of f	//				
dor	e during most of working li	(e, even if retired)				oreign country!		N OF WHAT COUNTRY?		
11	FATHER'S NAME	h- 1 \	Gener	al Electric	MARYLAND USA					
	JOHN W S				EMMA SWAIN					
15. (Ye	Wos Deceased Ever in s, no or unknown) (If yes, YES WW	U. S. Armed For give war or date	cos? s of service)	16. SOCIAL SECURITY NO. 215098787	ST AGNES HO		229	DDRESS		
-	18. 2 0 8 X	1		CAUSE OF DEATH		STITAL NEC		APPROXIMATE INTERVAL		
	DISEASE OR C	DISEASE OR CONDITION DIRECTLY								
	(This does not mean the mode of dying, e.g.,									
	heart failure, asthenia, etc. It means the discose,									
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving rise to the above couse (A) sloting the UNDERLYING CONDITION last.  (B) Cargertive heart failere (Chronic Due to, or AS A CONSEQUENCE OF:  One of the above couse (A) sloting the UNDERLYING CONDITION last.  (C) Chronic Release									
	DISEASES OR CONDITIONS, il any, giving rise to the above couse (A) sloting the									
	UNDERLYING CON	DITION last.	sioning ine	(c) Chr	one After	umanve 1	lease	diserse		
z										
ATION	I TO THE DEATH RUT N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).								
ERTIFIC/	19A-DATE OF OPERAT	ION 198 CON WAS PERI	DITION FOR V	VHICH OPERATION	20A- AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CEI	21 A. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING	218.	PLACE OF INJURY le.g., in	or obout 21 C. WHERE DID	(If In Boltimore	City, give e	xact location)		
CAL	DEATH (notify medical	exomined	etc.)	e, long locioly, sheet on	nee ongo invoke accos:					
MEDI	OF INJURY			INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?				
	(APPROX.)		Wor	While At Work At Work						
	22. I certify that (1) (this hospital) attended the deceased from SEPTEMBER 8, 19 71 to SEPTEMBER 19 71 that (1) (we) last saw the deceased alive on SEPTEMBER 19, 19 71 and that in (Xy) (our) opinion death occurred on the date									
	that (t) (we) last sa	w the decease	d allve on	ZE BIEMREK I	9-,-19/-Iond	that in ()(y) (our) opin	lon deoth	occurred on the date		
	ond hour and from the couses stated above. (1) (We) (dld) (drd not) view the body after death.  23A. SIGNATURE									
	Port	000	10	CY O After	ding Med.	Shoff D	9/	8/3/		
	23C. PHYSICIAN'S NAME (Typel	reaci	raen;	DEGREE Phys	3D ADDRESS	Physical Coltail	///	7/1/		
	E	TATSU	HEI	NZAN	WILKENS					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel										
	Burial	9/22/71		udon Park	E	altimore, Mar	yland			
254	SEP 20 37	Value	E Balle	Man 0 0	Witzke,	30 Edmondson	Avenue	ADDRESS 21228		
VS	150-REV. 1/1/68									

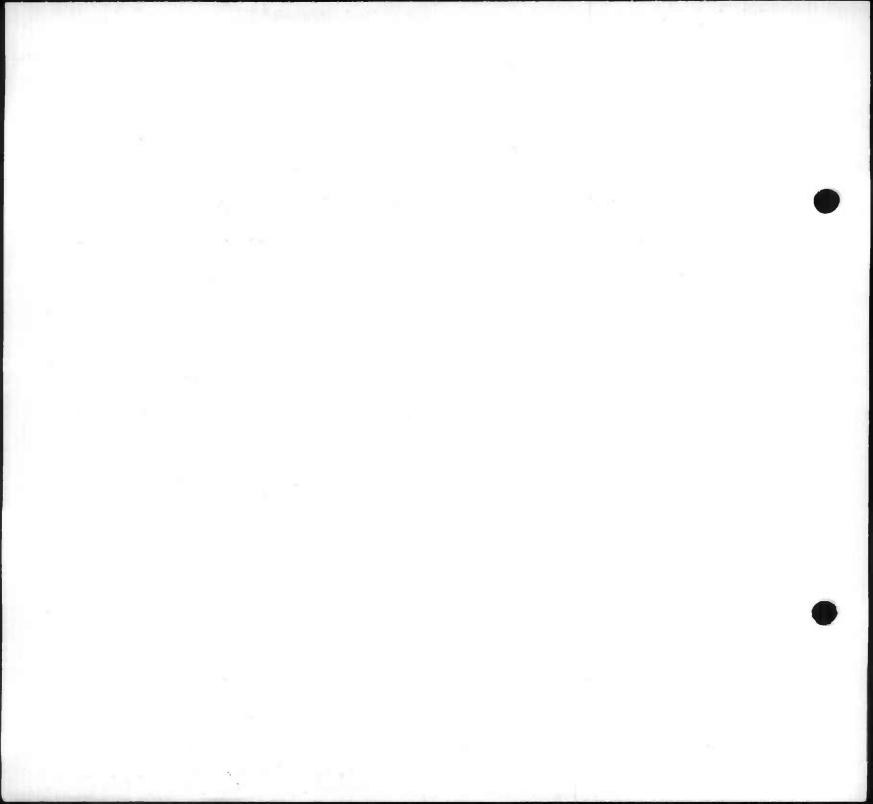
properties of the Market street of the v 

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	5-53071 87	69		HEALTH DEPARTM		71. 8769				
17.	BIRTH NO.  CERTIFICATE OF DEATH  REG. NO.  1. NAME OF DECEASED (Secon)  (Type of Print)  2. Date AND HOUR OF DEATH  (Type of Print)  2. Date AND HOUR OF DEATH									
3	PLACE IN BALTIMORE MARYLAND W	HERE PRONO	UNCED DEAD	4. USUAL RESIDEN	CE/Whore decoosed lived, If	institution: tesidence before admission)				
H	ULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCATION)	AL OR INSTIT	UTION, GIVE STREET	A. STATE  B. COUNTY  C. CITY OR TOWN  D. INSIDE CITY LIMITS?						
	Bon Secures Hosp	ital		BOLTO, YES NO K						
	3+			1229 North Rolling Road						
	SEX 6. RACE	WIDOWED		8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Haus Min,				
10 de	A. USUAL OCCUPATION (Give kind at work time during most of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	o or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	SELF EMPLOYED	STORE	•	Mo.		US.				
13	FATHER'S NAME			14. MOTHER'S MAIL	14. MOTHER'S MAIDEN NAME					
	Louis Omitte			Clara Heiner						
15.	. Was Deceased Ever in U. S. Armed Fare es, no ar unknown) (If yes, give wor ar date:	es? s of service)	SECURITY NO.	17. INFORMANT		ADDRESS 21228				
4	INKNOWN			CHARTI	rs. Louis H. Sm	mith 1229 Rolling Rd				
	18.		CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIR	ECTLY		11		41				
	(This does not meen the mode of dying, e.g., heort foilure, asthenio, etc. It means the disease.									
	injury or complication which caused death.)  ANTECEDENT CAUSES  METASTALIS PARTIES									
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, If any, giving  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:									
	rise to the above cause (A) UNDERLYING CONDITION lost.	stating the	in Don.	Concino	ua of the Co	don				
	(c) FOR CONDITION 1081,									
ATION										
CERTIFICATION	19A-DATE OF OPERATION WAS PERF	ORMED		20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
정	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218, hometc.)	PLACE OF INJURY (e.g., in e, form, factory, street, al	ar obout 21 C. WHERE INJURY OC	CUR? (I! In Baltimo	ore City, give exact lacotion)				
MEDI	21D. TIME (Month) (Day) (Year) OF INJURY		INJURY OCCURRED	21 F. HOW D	DID INJURY OCCUR?					
~	(APPROX.)	Whi	le At Not While	' 🗆						
	22. I certify that (I) (this hospital)	19 7/to9	- 18 1971							
	that (1) (we) lost saw the deceased alive an 10+25 P.M 9-18 1971 and that In(my) (our) opinion death occurred on the date									
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.									
	23A. SIGNATURE	//	Au	nding Med.		238, DATE SIGNED				
	Laures /ww	dado	DEGREE Phys	Director Phys. (A)						
	23C. PHYSICIAN'S NAME (Type)			3D. ADDRESS	- 11-	/				
RAMIRO L'NOADO  DEGREE BON SECOURS HOSPITA!  24A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF CREMATORY 124D. LOCATION (City, 19WB. OF CREMATOR)										
	REMOVAL (Specily)					ity, tawn, ar county) (Stote)				
25.	Burial 9/22/71 A DATE REC'D BY HEALTH DEPT.		udon Park Cem		Baltimore, Man					
	SEP 20 1971 (Table 18)	- Jabe	F REGISTRAN	Witzke,	1690 Edmondson	Avenue 21228				



BALTIMORE CITY HEALTH DEPARTMENT (5) Deceased dance on the CERTIFICATE OF DEATH Such death I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) hospital death. of 3. PLACE IN BALTIMORE, MARYLAND. WHERE PRONOUNCED DEAD RESIDENCE (Where deceased lived. If institution: residence 8, COUNTY attendance cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR (4) Undetermined cause; D. INSIDE OITY LIMITS? 0 0 NO prior BON SECOUR HOSPITAL contributing E. STREET AND NUMBER occurred is made. in regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Y. Months! Doys 7. MARRIED NEVER MARRIED Il Under 24 Hrs. deceased WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) OF Washington, D. C. Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME assistant if James A Higgins Viola Higgins (late) eath 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT 16. SOCIAL ADDRESS final SECURITY NO. attendance 1620 Hollins Street Jean Moore, any pronounced CAUSE OF DEATH 0 APPROXIMATE INTERVAL his BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE A fracture (This does not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. Il means the disease. examiner examiner. regular injury or camplication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving <u>e</u> rise to the abave cause (A) stoting the 5 physician chief medical before the remains UNDERLYING CONDITION last (2) Body burns; physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) the Ū e5 by 21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF by the 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? where (If in Baltimare City, give exact facation) to the hospital °N MEDICAL DEATH (notify medical examined any nature; OF INJURY obtained (Month) (Day) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except Not While White At (APPROX) and 4-14 22. I certify that (I) (this hospital) attended the deceased fram 9-19 that (1) (we) last saw the deceased alive on. and that in (my) (aur) apintan death accurred on the date accident of hospital death) he body was released and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIONATUR 23B, DATE SIGNED Attending | 0 a written approval Phys. Director 0 23C. PHYSICIAN'S prior 23D. ADDRESS his certificate at NAME (Type) An AMIRO D.O.A. DEGREE 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY deceased 24D. LOCATION (City, town, or county) (Stote) shows: 9/21/71 Glen Burnie, Maryland Glen Haven Was 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Wftzke, 1630 Edmondson Avenue VS 150-REV, 1/1/68



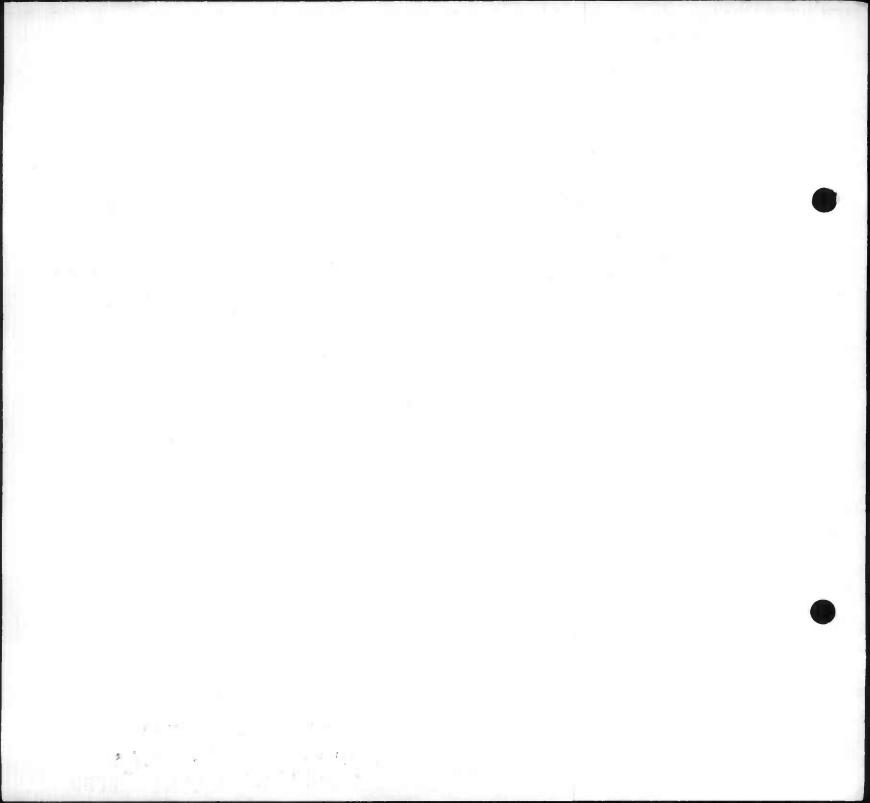
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	T-521	BALTIMORE CITY	HEALTH DEPARTMENT	/	'71 00'71						
В	RTH NO. 71- 1376471 877	CERTIFICA	TE OF DEATH	REG. NO	17 9/17						
	NAME OF DECLASED		2. DATE AND HOUR OF DEATH								
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DHAS	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)								
			A. STATE B. COU	NTY	Institution: residence before admission)						
iii	OSPITAL OR ADDRESS OR LOCATION)		C. CHY OR TOWN	D. INS	SIDE CITY LIMITS?						
	UNIVERSITY OF MARYLA	AND HOSPITAL.	BALTIMORE		YES NO						
	38		E. STREET AND NUMBER	KEAN	Ale						
5.	SEX 6. RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
100	A USUAL OCCUPATION/Give kind of work 1998 MANDOW		8/21/11		15						
de	A. USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?						
13	FATHER'S NAME		MARYLAND 14 MOTHER'S MAIDEN NA		<i>u.</i> 5.						
	HID HOEL / THOU	10-		1	1-2 1161/						
15	Wos Decesed Ever in U. S. Armed Forces? es.no or unknown) [III yes, give wor or dotes of service	16. SOCIAL	LOCOTHY (	GRAVES.	ADDRESS						
II (Y	ps.no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	7	AYTON SAN							
$\parallel$	18. 0 3 8 7	CAUSE OF DEATH		4910N SAN	TOS M.D.						
	DISEASE OR CONDITION DIRECTLY		0.1-	11	BETWEEN ONSET AND DEATH						
	LEADING TO DEATH  (This does not meen the mode of dying, e	(A) IMMEDIATE CAU	SE CNS /	HEHHORHA	IGE. 2 HRS.						
	heart laiture, asthenia, etc. It means the disea injury or complication which caused death.)	ise,	CONSEQUENCE OF:								
	ANTECEDENT CAUSES	(0)	POSSIBL	e SEPSIS	24 NRS						
	DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stating	ing DUE TO, OR AS	A CONSEQUENCE OF:		***************************************						
	UNDERLYING CONDITION last	(C)	IMMAT	TURITY	***********************************						
Z	li .			~							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN. DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL HYAL	INE MEMBI	CANE PISS	EASE						
FIC/	19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	***************************************							
CERTIFIC	21A. ACCIDENT WAS UNDERLYING	218 81 4.05 05 1011110111	YES								
7	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, aff etc.)	ico bidg., INJURY OCCUR?	(If In Boltimor	re City, give exoct location)						
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	LE INJURY OCCURRED	21F. HOW DID INJ	IIII OCCIIB							
×	(APPROY)	While At Not While Work At Work		or, occor.							
	22. 1 certify that (1) (this hospital) attended		SEPT. 5 (9AH)	197/_to_58	PPT-5(11PH 19 71						
	that (I) (we) lost sow the deceased olive o		71		nion death accurred on the date						
	and hour and from the causes stated above	(I) (We (dld))dld not) vi	ew the body after death.								
	28A. SIGNATURE	. 3 1 1	22 - 44 4 -	/	23B, DATE SIGNED						
	FOLIAN Clayton Factor M. Degree Phys. G. Appress Phys. (23D. Appre										
	NAME (Type)	1_	3D. ADDRESS	an on de	CLANGE NIG. 10						
24	A. BURIAL CREMATION, 24B, DATE 24C	NAME of CEMETERY OF CRE	WATURI 24b, L	AKI) UN A	A PA PA VOILTO, MU.						
1	REMOVAL (Specify)	1	INIVEDCITY	MEDICAL	SCROOL (Stole)						
25	SEP 20 1971 Pages 8 Jack	E OF REGISTRAR	25C FUNERAL DIRECTOR	INLUICAL	ADDRESS						
	SEP 20 1971 (laber & Jack	ey may	HOSP	FTAL DISE	USAL						
VS	150-REV. 1/1/68										

Tallet Tallet

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	F-52/		HEALTH DEPARTMENT	1-1-4	Orman				
	IRTH NO. 71-152/081 877	CERTIFICA	TE OF DEATH	REG. NO.	8/12				
	NAME OF DECEASED		_	HOUR OF DEATH					
	PLACE IN BALTIMORE, MARYLAND, WHERE P	H	8,	128/71	18.10 A M				
			A. STATE B. COUN	e deceased lived. Il institution	t residence before admission)				
1111	ULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND		2873				
-   -	чентитом		C, CITY OR TOWN	D. INSIDE CIT	. 4				
	UNIVERSITY	Un 5P.	E. STREET AND NUMBER	YES [	NO L				
			4718 Wake	field Rd	halfo 2120				
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED		9. AGE (In years If Un lost birthday) Month	der 1 Yr. If Under 24 Hrs.				
1	A. USUAL OCCUPATION (Give kind of work) 108, KIP		0/29/71	10					
d	ne during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12. C	ITIZEN OF WHAT COUNTRY				
1	FATHER'S NAME		195 A		ast				
11.	1. 54		14. MOTHER'S MAIDEN NAM		1 1				
1	Wos Deceased Ever in U. S. Armed Forces?		Elean	or ENG	115/7				
(¥	es, no or unknown) (If yes, give wor or dotes of sen	Vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
$\parallel$	110		Elean	DY	SAPIL				
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH		- Brains	tem Hemo	whan Id				
	(This does not mean the made of dying, heart loilure, osthenia, etc. It means the dis	e.g., DUE TO, OR AS	SE A CONSEQUENCE OF:						
	injury or complication which caused death.)	<b>.</b>	1 . 1						
	ANTECEDENT CAUSES	Bun	ature by		Rd.				
	DISEASES OR CONDITIONS, if ony, g	iving DUE TO, OR AS	A CONSEQUENCE OF:	) las	1.4				
	UNDERLYING CONDITION lost.	(c) typul	me memb	ane diseas	1a.				
۱,	[[								
P	OTHER SIGNIFICANT CONDITIONS CONTRIBUT. TO THE DEATH BUT NOT RELATED TO THE TERMI	ING NAL							
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************	[20A. AUTOPSY? (Yes or No)]	20B, IF YES, WERE FINDING	CONCIDERED				
PTIE	WAS PERFORMED			IN CERTIFYING CAUSES OF	DEATH?				
1	OR CONTRIBUTINO CAUSE OF	218 PLACE OF INJURY (e.g., Inhome, form, foctory, street, aff	or obout 21 C. WHERE DID	(If In Boltimore City, g	ive exoct location)				
EDICAL	DEATH (notify medical examined)	elc.)	in a constant of the constant						
MED	21D. TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
1	(APPROX.)	While At Work Not While At Work							
	22. I certify that (I) (this hospital) ottend	ed the deceased from	8/27/7/ 19	tos/2	V/7/ 19				
	that (1) (we) lost sow the deceased alive	on8/27/7/	19ond that	In (my) (our) opinion de	, , , , , , , , , , , , , , , , , , , ,				
	and hour and from the causes stated above	e. (1) (We) (did) (did not) vi	ew the body ofter deoth.						
23A. SIGNATURE - LA COLOR 23B. DATE SIGNED									
	DEGREE Phys. Director Phys.								
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	1 de 200					
		ANG DEGREE	angue	ou ty no	P				
24	A- BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CRE	ANATUMY24BO	ARP UT MAK	(Stote)				
25	A. DATE REC'D BY HEALTH DEPT. 1258, NA		HNIVEDCITY	MEDICAL SCI	TANI				
123	SEP 20 1971 Page 8 2.	Tables MD 0	Cital west passed by	MLUICAL SCI	U ACIDMESS				
VS	150-REV. 1/1/68		MUKITAR	LI SERVICE	BCHD				



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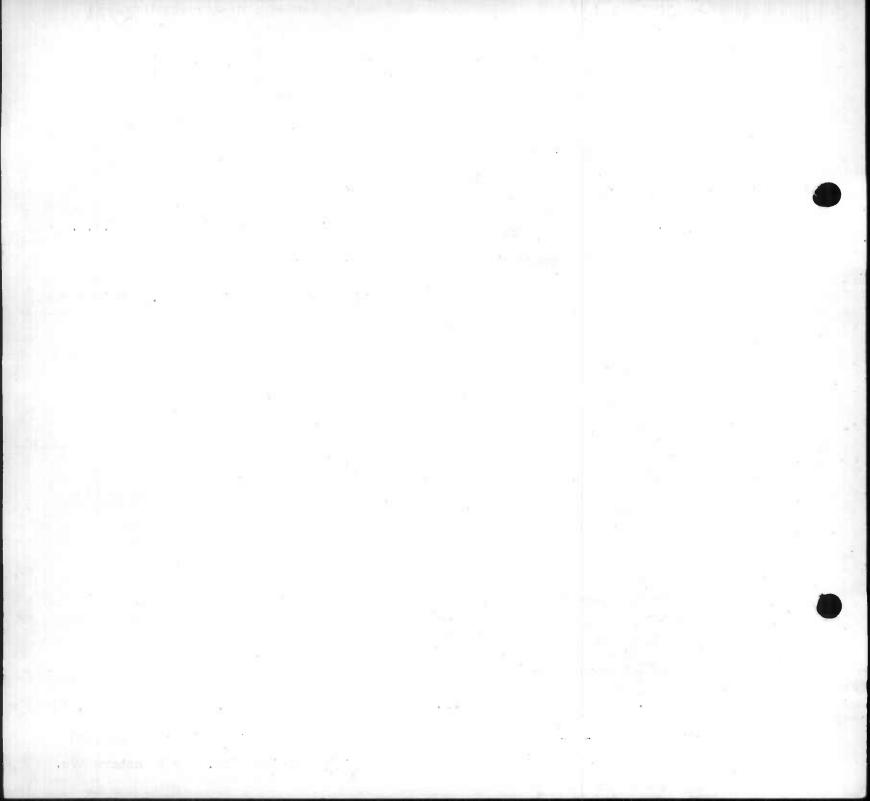
11	14-1/12		- 63		HEALTH DEPARTMENT		74	OPPING 2
BI	RTH NO.	71 87	73	CERTIFICA	TE OF DEATH	REG. NO	-4.	8//3
1.	NAME OF DEC	EASED				AND HOUR OF DEATH	4	
1100	ype or Print)	ALLISON, N	MARY A.					2.20 4
3.	PLACE IN BAL	TIMORE MARYLAND, W	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	Sept. 7, 1	institution: res	2:30 A M.
F	JLL NAME OF	(IE NOT IN HOSPIT		1177.011	MARYLAND	УИТУ		701
IIН	OSPITAL OR	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TOWN			101
		BALTIMORE CIT	ry Hospi	TTAT.S	BALTIMORE	D. IN	SIDE CITY LIA	direction.
	21	4940 EASTERN			E. STREET AND NUMBER		YES K	NO [
	Name of the last o	BALTIMORE MA		21 224		DMAC STREET	21205	5
5.	SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years		
11	Female	White	WIDOWED		1/29/05	lost birthdoy)	Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
10,	A. USUAL OCC	UPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote of fo	66 yrs	110 6171-	
do	ne during most of	working life, even if retired)				reign country)	12. CHIZI	EN OF WHAT COUNTRY
13	FATHER'S NA	Ve						
'	FAIRER S NA	ME			14. MOTHER'S MAIDEN N	AME		
	Mich	ael			Augusta			
15. (Ye	Was Deceased s, no or unknown	Ever in U. S. Armed For	cos? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
				JECOMIII NO.	DCH REV-ORISS	40 Eastern		
	18. 4	1.9		CAUSE OF DEAT	H=	Itimore, Mai	ryland	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIR	RECTLY	2:/	leval (1)	10,	86	TWEEN ONSET AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAU	some ov	71		18 nonth
	(This does n	of mean the mode of asthenia, etc. 11 means	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	*********************		10 1000
	injury or com	plication which caused	deoth.)				ŀ	
	1	ANTECEDENT CAUSES		404			1	
	DISEASES O	R CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:			***********
	LINDER VING CONDITION I							
	O D E KET IN C			(c)				
N	OTHER SIGNIFI	CANT CONDITIONS CON	STRIBITING					
ATIC	I IO THE DEAT	H BUT NOT RELATED TO THE ONDITION GIVEN IN PART	IE TERMINIA!					
CERTIFICATION	19A-DATE OF	OPERATION 198 CONI	DITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes or h	ol 208 IF YES WERE	SINDINGS C	ONSIDERED
RTI	2	WAS PERF	ORMED		MES	IN CERTIFYING CA	USES OF DE	YES
	21A. ACCIDEN	TING CAUSE OF	218.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	III In Boltima	re City, give	exact lacation)
CAL	DEATH (notify	medical examiner	etc.)	e, torm, toctory, street, of	ice bldg., INJURY OCCUR?			
-	21D. TIME	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	IIIev occurs		
¥	OF INJURY (APPROX.)		Whi	le At [7] Not While		JORT OCCOR!		
	00 1		Wor	k LJ At Work			ala	
		that (1) (this hospital)		e deceased from	4/9/	19 <u>70</u> to	7/ 1	19.7/
	that (3) (we)	last saw the deceased	d alive on	- 9/7 did	19 2/ ond t	hat In (atiff) (our) op!	nion death	occurred on the date
	and hour and	from the couses state	ed above. (I)	( ( the stand ) ( the stand ) vi	ew the body ofter deoth.			
	23A. SIGNATUI	RE DIDA					238. DATE	SIGNED 145
		WHOM	seur		ding Med.	Staff Phys.	a	/7/11 /AM
	23C. PHYSICIAN NAME (Ty	V'S		DEGREE	3D. ADDRESS	Phys. 🗀	1 -1/	4//
	NAME CITY	W. Ramseur	, MD		4940 Eastern A	venue Baltim	ora VA	A AND DOA
24A	BURIAL CREA REMOVAL (S			ME of CEMETERY OF CRE	A IN A I SHE IN V. 1958	IARD OF A	VARYL	AND 4
	KEMOVAL (S	pecify) C AZ 3	7/		240.	DUCATION (C)	ccan	county) (Stole)
25A	DATE REC'D	BY HEALTH DEPT.	258 NATA	P. ASCISTA A.	UNIVERSITY	MEDICAL	Scud	THE PARTY OF THE P
	SEP 20	1971 Palent	Jake	AS C	25C. FUNRAL DINCTO	DY SERVICE	JE - 1	JAD SHESS
	3EF &U				MUNITUA	MI DELL		
4.3	I DUCKEN I/ I/6	9						

1332	5		BALTIMORE CIT	Y HEALTH DEPARTME	ENT	1 8774
BIRTH NO.	8774		CERTIFICA	TE OF DEA	TH REG. NO. Z	1. 0//-
1. NAME OF DEC	CATHE	RINE CR	OSS (BUDZYN		eptember 17, 19	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE B.	COUNTY	institution: residence below odmission
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Maryl		2656
NOITUTITENI				C. CITY OR TOWN  Balti		SIDE CITY LIMITS?
00	1315 Gregor	Way		E. STREET AND NUM		
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
Female	White	WIDOWED		April 30, 1		
	UPATION (Give kind of work working life, even if relired)	10B, KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTR
Housewif	-	Own Ho	me		, Maryland	U.D.A.
13. FATHER'S NA	Leon Kosa	kowski		Mary	EN NAME	
	Ever in U. S. Armed For		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	Till yes, give wor or dole	3 Of Service,	SECORITI NO.	Theodore B	udzynski 328	S. Joplin Street
DISFASES Of the UNDERLYIN  OTHER SIGNIT TO THE DEAL OTHER SEGORIO	LEADING TO DEATH not meen the mode of osthenio, etc. It meens inplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost.  I FICANT CONDITIONS CO TH BUT NOT RELATED TO THE EONDITION GIVEN IN PAR FORERATION 1788- CON	The discose, deoth.)  ony, giving sloting the NTRIBUTING HE TERMINAL TO IT (A).  DITION FOR W	(B)(C)	S A CONSEQUENCE OF	euse, gerenty,	
	nere WAS PERI			NO		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exominer		PLACE OF INJURY (e.g., c, farm, factory, street, c			ore City, give exact location)
21D. TIME OF INJURY (A PPROX.)	(Month) (Doy) (Year)		e At At Work	le 🔲	DID INJURY OCCUR?	
that (I) (was	Anderial Ship	ed alive an	Med (did nat)  (We) (did nat)  AH  Ph	view the bady after of the bad	r Staff Phys.	238, DATE SIGNED  Systate (2,19)
	. Roderick S		M.D. OEGREE	529 Camp M	24D. LOCATION	thicum, Md. 21090 City, town, or county) (Stote)
Burial	9-20-19	71 Hol	y Rosary		Baltimore Cou	nty, Maryland
SA. DATE REC'D	P20 1971 O	BUR ET	aber 128	hilly & Z	RECTOR	Ol Eastern Ave.

SEP 20 1971

Robert Et Janber ( 188)

VS 150-REV. 1/1/6B

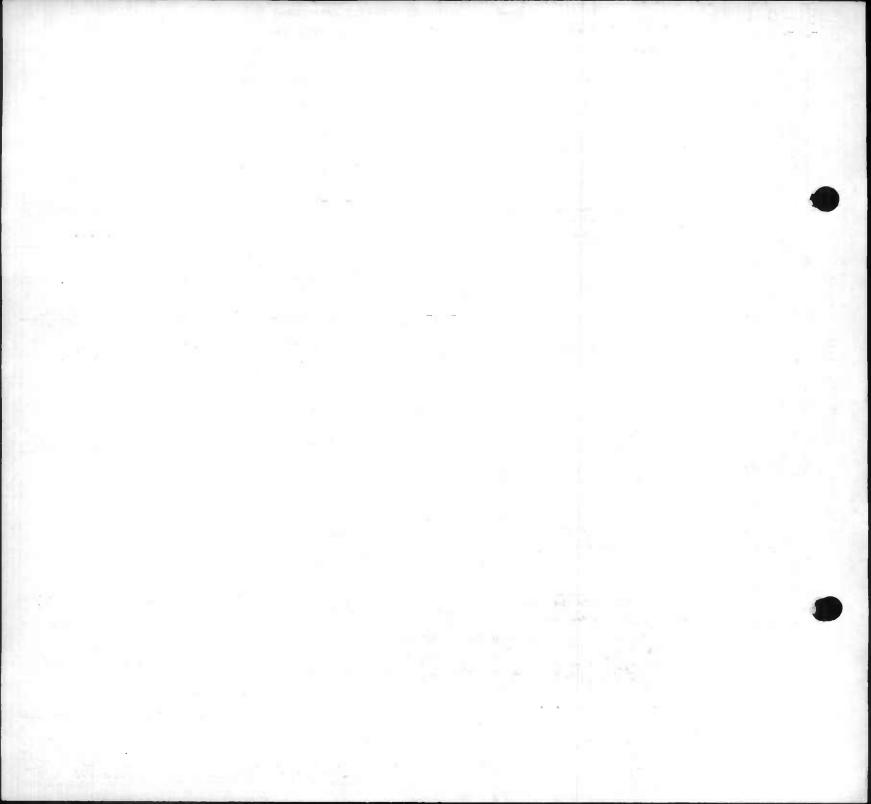


4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) D. INSIDE CITY LIMITS? YES NOF Il Under 1 Yr. Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1/5 years 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that In (my) (aur) opinion death occurred an the date 23B. DATE SIGNED (Qity, town, or wounty (Stote)

9/13/11 MI autura Con Pente 219 El Peroton St.

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	S	9	3	\$	103	+
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the	she	M	ep	X
		-	24	-	_	-

				BALTIMORE CITY	HEALTH DEPARTMENT	1	14	
E	IRTH NO. 71	8776		CERTIFICA	TE OF DEATH	REG. NO.	3776	
	NAME OF DECEAS	16 n Rot	nnec		2. DATE A	and Hour of DEATH	1 9	AM
	L PLACE IN BALTIM	DRE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WHA, STATE & COU	nere deceased lived. If	institution: residence be	efare admission)
	FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT.	AL OR INSTITU	TION, GIVE STREET	Maryland		SIDE CITY LIMITS?	08
21		City Hospit	als		Baltimore	D. III		
51	4940 Easte:				E. STREET AND NUMBER			
	Baltimore,		21224		725 East 20t	h Street	21218	
5	SEX 6. R	ACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days H	Under 24 Hrs.
1	Male CCUPA	Negro	WIDOWED		6-27-09 11. BIRTHPLACE (State of Ion	62		
1	one during most of worki	es life, even if retired)	IUS KIND OF	BOSINESS OK INDUSTRE			12. CITIZEN OF W	
	dona	horemo	n		North Caroli		U.S.A	1.
	Davi	d Son	eles I		14 MOTHER'S MAIDEN NA MOTES	Robbit	L.	
0	es, no or unknown) (If	in U. S. Armed For res, give war or dote	es? of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	4940 Easte:	rn Avenue	
-	118, / 5 6			CAUSE OF DEATH	BCH: Records	Baltimore,		21.224.
	DISEASE O	R CONDITION DIN	ECTLY	Carc	inoma of E	sophag	MA BETWEEN OF	MATE INTERVAL NSET AND DEATH
	heart failure, asth	nean the mode of enia, etc. It means ation which caused	the disease,	(A) IMMEDIATE CAU	SE // CONSEQUENCE OF:	1	9	mo.
		ECEDENT CAUSES	a o c may	Ba	I'm Daine	100 10		
	DISEASES OR	CONDITIONS, if	ny, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	ige 2		*************
	underlying Co	bove cause (A) ONDITION last,	stating the	(c) Ca	rdiac	arresi		
1		11				/		
	OTHER SIGNIFICAN	IT CONDITIONS CON	NTRIBUTING IE TERMINAL					
		RATION GIVEN IN PART	1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or N	all 208 IF YES WERE	FINDINGS CONSIDE	RED.
1	194. DATE OF OPE	WAS PERF	CHARD	OBSTRUCTION	NO	IN CERTIFYING C	AUSES OF DEATH?	
	21A. ACCIDENT W	AS UNDERLYING			or about 21 C. WHERE DID injury occur?	(If In Boltima	ore City, give exact loca	tion)
1	21D-TIME (MC	onth) (Day) (Yeor)	(Hour) 21 & 1	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
	(APPROX.)		While	At Not While				
	22. I certify that	(this hospital			6/15	19 7/ 10 9	/14	19 7/
		sow the decease		9/14	19. 17/ ond t	hat in (seer) (our) op	Inlon deoth occurre	
		m the causes stat	ed obove. (1)	(did) (did) vi	ew the body ofter deoth.	•		
	23A. SIGNATURE	PRamer	0211	11 D Amo	ding Med.	\$1-# E	238. DATE SIGNED	BAM
	23C PHYSICIANS	Frams	eur	DEGREE	74 01136131	Staff Phys.	1 7/14/71	0
	23C. PHYSICIAN'S NAME (Type)	amgour M T		2	Baltimore City	Hospitals	/ //	
2		amseur, M.I		DEGREE	1940 Eastern Av	enue Baltime		
	REMOVAL (Speci	0-14	7, m	HE OF CEMETERY OF CRE	1 /2 /	LOCATION IC	City, lown, or county)	1Stotel 7
2	SA. DATE REC'D BY	HEALTH DEPT.	258 NAME OF	REGISTRAR	M (M)	allo	ADDRE	MAC
	SEP 20 \$	Paley 8	E Jaber	KQ. 0 0	Haymer S	anders 21	76 Tresto	n St



	BALTIMORE CI	TY HEALTH DEPARTMENT	and the same
71 8777 BIRTH NO.	CERTIFIC	ATE OF DEATH REG. N	10.71 8777
Type or Print) PROWN	ROSETTA.	2. DATE AND HOUR OF 1 9.15.71	1.30 P
3. PLACE IN BALTIMORE, MARYLAND, V	TAL OR INSTITUTION, GIVE STREET ATION)	4. USUAL RESIDENCE (Where deceosed live A. STATE B. COUNTY  MARYLAND	ed. If institution: residence before admiss
HOSPITAL OR ADDRESS OR LOC UNION ,	MEMORIAL HOSPITA	C. CITY OR TOWN  SALTIMORE  E. STREET AND NUMBER	D. INSIDE CITY LIMITS?  YES NO
		346 E 28th St.	
Teurale N.	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  6.23.19,5  9. AGE (In year tost birthday)  56.	Months Doys Hours Mir
0A. USUAL, OCCUPATION (Give kind of worldone during most of working life, even if fetired)	k 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole or foreign country)  U(RGIN/A	12. CITIZEN OF WHAT COUN
3. FATHER'S NAME WALTER FA	RMER	14. MOTHER'S MAIDEN NAME	ner
S. Was Deceased Ever in U. S. Armed Fa Yes, no or unknown) (If yes, give wor or dat		Patzer Man E. 43	ADDRESS ADDRESS
ANTECEDENT CAUSE:  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	any, giving Slating The (C)	lect bubalance. As a consequence of: Co. Wilrum & Perit.	Melastani
19A. DATE OF OPERATION 19B. COL	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, IN CERTIFYI	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	g, in or about 21C. WHERE DID (If in office bldg., INJURY OCCUR?	Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (APPROX.)	(Hour) 21E. INJURY OCCURRED  While At  Not W Work At Wo	ırk 🗀	8. 11 71 Coldward
	0 ~ ~ .		ur) aplnian death accurred an the
23C. PHYSICIAN'S NAME (Type) DR. ALI	DEGREE P	Attending Med. Shoff Phys. 23D. ADDRESS	9.15-71
24A. BURIAL CREMATION, 248. DATE	KHAN  24C, NAME of CEMETERY of C		(City, town, or county) & (Sto
Shipped 9-18-	258. NAME OF REGISTRAR	25C TUNERAL DIRECTOR	ille Virgini
and the second s	E Jaben May	Rallman Carlo	217 EP 100 Am

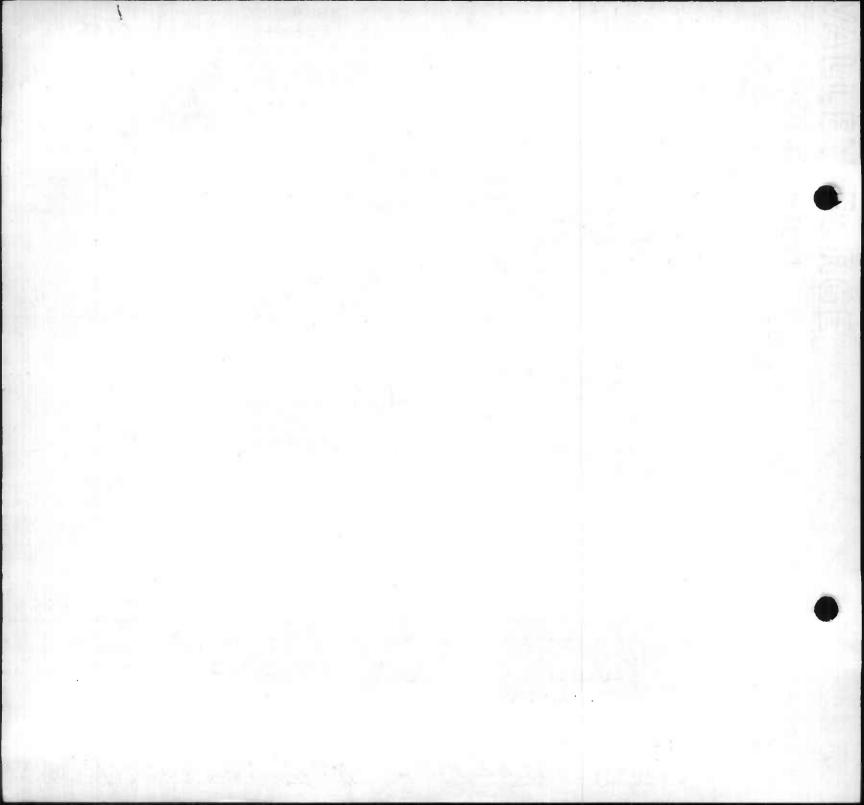
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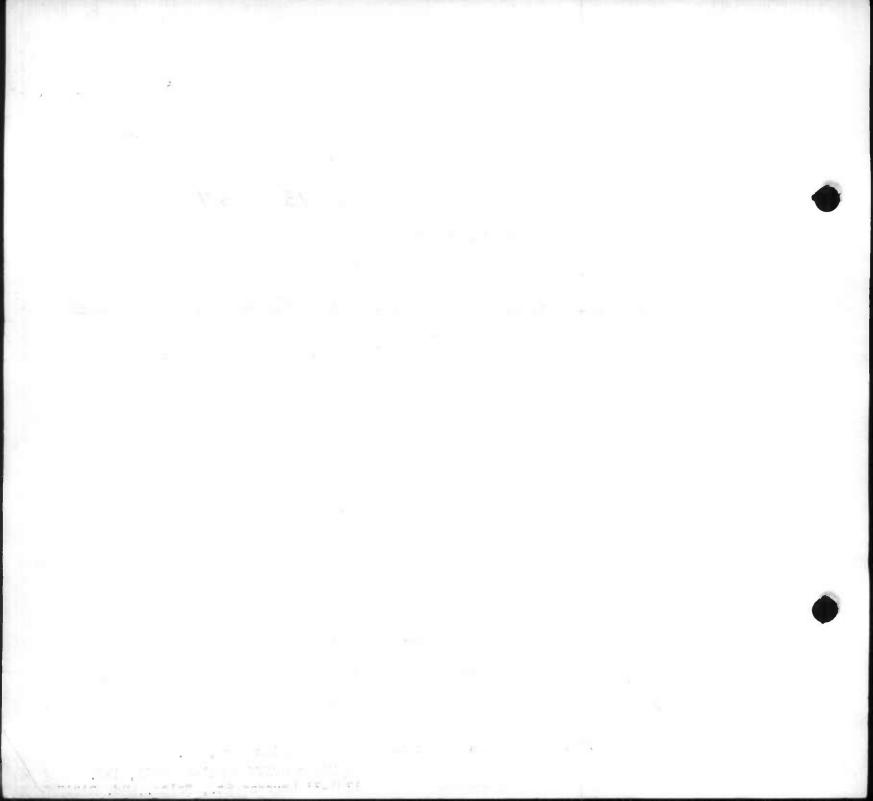
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NAME OF REGISTRAL

DIRECT



1	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 8778	
and sed the the	I NAME OF OFFICER	
9 8 6	Type or Print JACKSON EUGENE 2. DATE AND HOUR OF DEATH 10:30 9/16/11	Δ
of of of of of of of of of of of of of o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmiss and state of the property of the pro	S sion)
hosi ise (5) and dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3
_ 0 N 0	UNIVERSITY HOSPITAL BAZTIMORE YEST NO	
D.E	E. STREET AND NUMBER 246 U. BAKER STREET	
th occurre contribut letermined in regular eceased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birth Doys Hours Months Doys Hours M	Hrs.
or condete	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA GEAStote or foreign country)  12. CITIZEN OF WHAT COU	NTRY
if deect of was was the sposit	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MACH	
# 12 1 L 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E	15 Wes December 11 S.A. S. S. S. S. S. S. S. S. S. S. S. S. S.	
the d the d kind deat deat	16. SOCIAL SECURITY NO.  17. INFORMANT  SECURITY NO.  17. INFORMANT  SECURITY NO.  17. INFORMANT  SECURITY NO.  SAME	
his as fo, if fany nced endar d or f	18. 5 / 7 A APPROXIMATE INTERV	/AL
lso, of o unc	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CAUSE  The property of the proper	EATH
FEE	(This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	
miner. fractu o pro gular emba	injury or camplicotion which caused death.)	
2 0 m	ANTECEDENT CAUSES (8)	
ex (3) in	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:  rise to the obove cause (Al stoling the UNDERLYING CONDITION last.  (C)	
sdical Jical Jiras; Vsicia Was main		
ief medidy bure physician wherem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	
Body Body the rsici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED (N CERTIFYING CAUSES OF DEATH?	
al by all	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	
トニッチスコ		
oved by e hospita rept whe rept whe rept whe rept whe	21D. TIME (Month) (Doyl (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While At Work	
SEXXER		_
0 0 0	that (1) (we) last saw the deceased alive an	
	and haur and fram the causes stated abave. (1) (4) (dld) (did not) view the body after death.	
a do de	23A. SIGNATURE  23A. SIGNATURE  Attending Med. Staff 9/17/2/	
0 - 0 >	23 C. PHYSICIAN'S  NAME (Type)  Phys. Director Phys.   23D. ADDRESS	_
certificate m body was rel s: (1) An acci D.O.A. at a b ased prior to	14. C. PLEVIZA TOS DEGREE 1209 87 Paul SA Bullo 2120.	2
E + 0 0 - 1	REMOVAL (Specify) 24D. LOCATION (City, town, or county) (Stok	el
5 0 2	25A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIFFERENCE Md	
This the shov was dece	MORTON & DYETT FUNERAL HOMES, INC.	
	vs 150-REV. 1/1/68 1701-31 Laurens St., Balto., Md. 21217	=



Bi	B-520	71	8779 MEDICAL	BALTIMORE CITY HE L EXAMINER'S C			DEAT	H REG. NO.	87	779	
	NAME OF DEC		(BEAN) uel Beames	. Sr.	2. DATE OF	Known 🔼 X	Month 9	Doy 16	Year	Hour 10:3	25 2
4.	PLACE IN BAL			RONOUNCED DEAD	3. DATE		Month	Doy	Year	Hour	35 p.m.
FU HC	LL NAME OF	(IF NO	TIN HOSPITAL OR INS	STITUTION, GIVE STREET	PRONOL	INCED DEAD	9	16	71	10:3	35 pu.
OR	NOITUTITZAL			ral Hospital	5. USUAL RI A. STATE Md.	SIDENCE (When	e deceased li	B. COUNTY	residence i	H a	
6.	SEX	7. RACE	8. MAR	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
	male	Negr		WED DIVORCED	Ba1	to.		Y	ES X	NO 🗆	
9.	5/15/07	4	10. AGE (In years lost birthdoy) 64	Months Days Hours Min.		ND NUMBER  3 Pennsy:	vania	Avenue			
11.	BIRTHPLACE (S		in country)	12. CITIZEN OF WHATISQUINTRY?	13. FATHER		LVallia	21V CITAL			
14A don				D OF BUSINESS OR INDUSTRY	15. MOTHE	rs Maiden Na ean Bean	ME				
16.	WAS DECEASI , no or unknown)	D EVER IN	U.S. ARMED FORCE	5?   17. SOCIAL SECURITY NO. 719-09-4917	Mr.	Samuel Be	an, Jr		Penna	Ave.	21217
CERTIFICATION	(This does in heart follure, Injury or com  AN DISEASES CRISE TO THE UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR	LEADING TO the continuous the contin	mode of dying, e.g., it meons the disease, th coused death.)  CAUSES  ONS, IF ANY, GIVING USE (A) STATING THE ION LAST.  II NOTIONS CONTRIBUTED TO THE TERM GIVEN IN PART 1 (A)	(A)IMMEDIATE CONTROL OF A	AUSE AS A CONSEQU AS A CONSEQ	UENCE OF:	liovasc	ular di	sease		
ERT	20A. DATE OF	OPERATION	1 20B. CONDITION	FOR WHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes	ar No)
									1	no	
MEDICAL	UNDERLYING UTING CA		TRIB- TH.		WHILE C	F. HOW DID IN			ct location)		
		ed fram: N	eld on Inquiry[ otural couses   ter Lipkovi	Inspection Aut  Acident Suicid	dapsy Hon	and that on t micide HIEF MEDICAL I TANT MEDICAL I	Undetermin EXAMINER EXAMINER	death in my ned manner [   	j	<b>DATE SIGN</b> 9/17/	
RE	A. BURIAL CREA MOVAL (Specil BURIAL	ATION, 2	48. DATE 9/21/71	Mt. Auburn			Balto.		, or county)	(Sto	te)
25	SFP 9	N TOTAL	DEPT. 258. N	IAME OF REGISTRAR	MOR	ON & DYE	TT FUNE	RAL HOM	ES, IN	IC. 212	17
VS	151.REV. 1/1/AR		- The same of the		- 4/04	1-31/Laur	ens St	Daile	, IIU.	414	

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form to an one or at any

VS 150-REV. 1/1/68

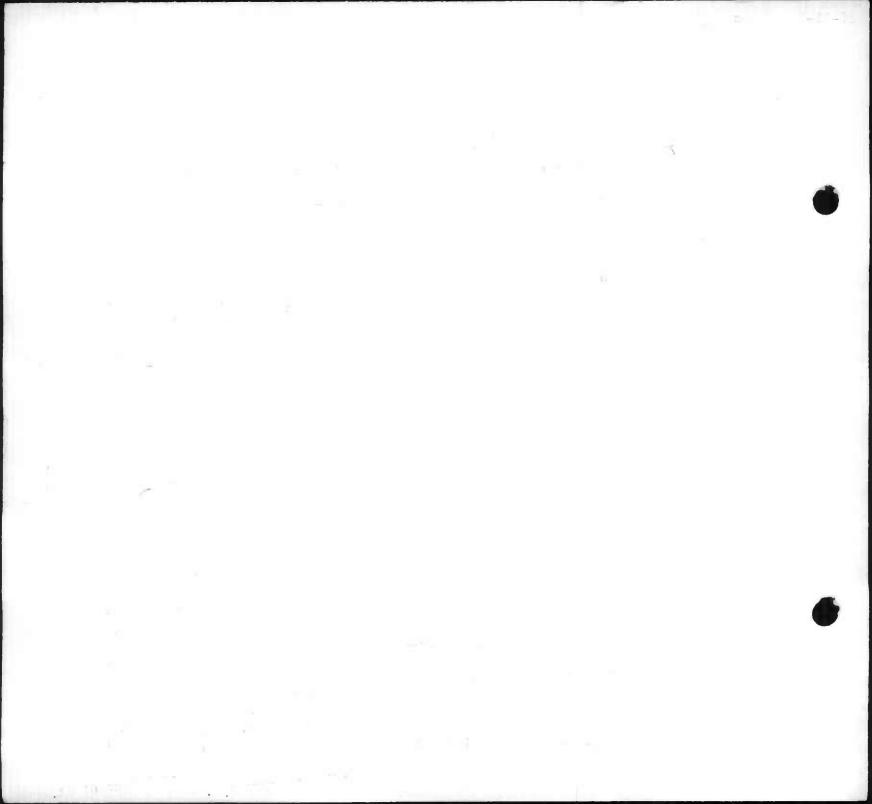
10/5/71 - Correction form from funeral director.

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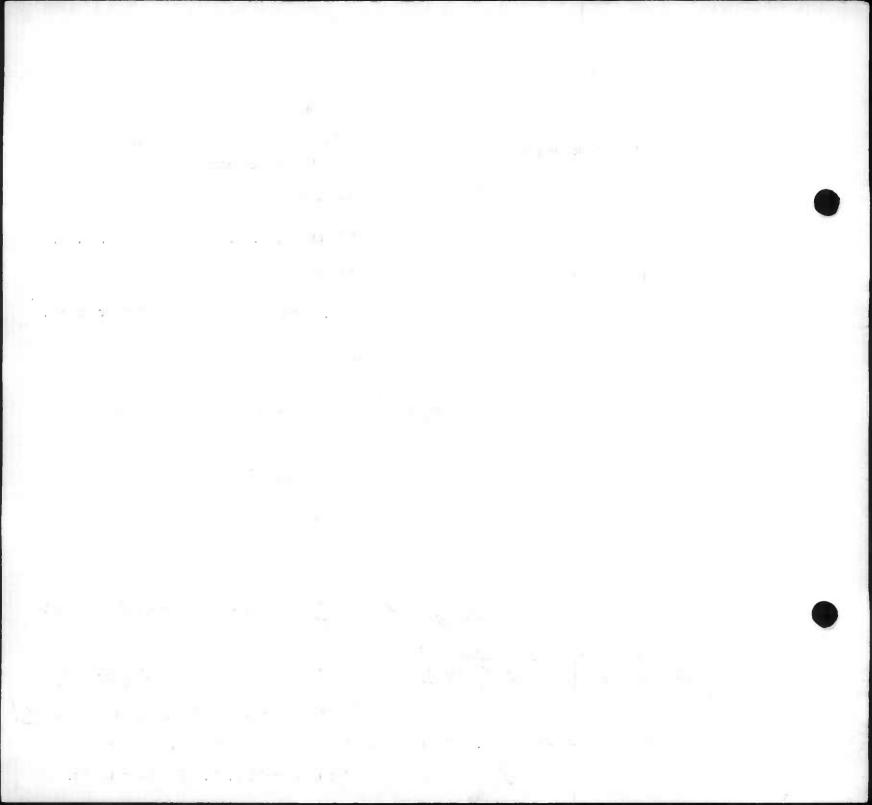
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and	eath	ased	the	Such
This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and	a to the nospiral by a medical examiner. Also, if the direct or contributing cause of death	snows: (1) An accident of any nature; (2) Body Burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased	nce on	deceased prior to death); and (b) No physician was in regular attendance on the deceased prior to death. Such
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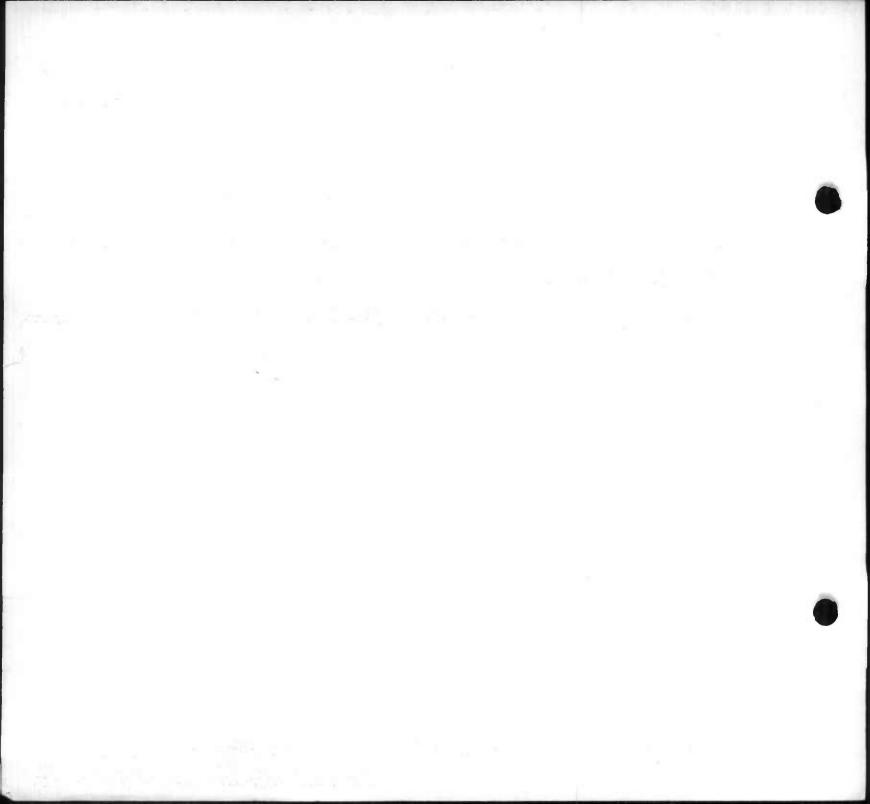
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Such		RTH NO.			70-	CERTI	FICA	TE OI	DEATH	REG. 1	NO	F . L.	20/0	
	CT	ype or Print)	KA	YMO	ND 1	ALLEN			2. DATE A	ND HOUR OF	DEATH 7	1	11	5/10
death.	3.	PLACE IN BALT	IMORE, MA	KYLAND, W	HERE PRON	OUNCED DEAD			RESIDENCE (WH	era deceosed liv	ed. If ins	titution; resi	dence belor	e admission
	11 H	ULL NAME OF OSPITAL OR ISTITUTION				ITUTION, GIVE STR	ET	c. CITY O	/land				8	80
attend ior to		7/			city He ern Ave	spitals		Bal	imore			YES PE	πs? NO[	
See 11 mg		91				and 21224		e. STREET AND NUMBER 1107 McDonough Street 21213						,
	H .	sex Male	6. RACE Negro		7. MARRIED	NEVER MARR	ED 🗌	8. DATE O		9. AGE (In ve		II Under 1 Months D		nder 24 Hrs.
re is	П		_		WIDOWEL		EDXCO	8-3	1-15	lost birthdoyl 56				
n the dec	1100	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI done during most of working life, even if refired) N/A							inia	ergii country)		USA		COUNTRY?
was the sposi	13.	13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME					-	
on t	15.		Allen	Armed Fran		19.4			Annie					
de na	(Ye	15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of se			of service)	SECURITY NO		BCH RECORDS: 4940 Eastern			n Aven	DDRESS		
E 14.		18. 4/2/	. 91			CAUSE OF	DEATI			Baltimo	re, l		nd 21	
pronounced lar attenda sbalmed or			OR COND		ECTLY			(L	) CV,	A		BET	WEEN ONSE	T AND DEATH
010 ala		(This does no	l mean the	mode of	the diseases	(A) IMMEDI		CONSEQU	ENCE OF:				-La	eeks
3 E		heort failure, asthenia, etc. It means the disease, injury or camplication which caused deoth.)  ANTECEDENT CAUSES												
reg reg		DISEASES OR CONDITIONS, if only, giving DUF TO, OR AS A CONSCIUENCE OF										P0000000000000000000000000000000000000		
_ 0		rise to the above cause (A) stoling the UNDERLYING CONDITION last, (c)												
physician an was ir remains	To other significant conditions contributing CHF prob 2 ASCVD								4 /	, 7	.0.	D.D		
phy ian	ERTIFICATION	O DIFER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).							prof Tricuspid Insuff.					
the hysici	RTIFIC	19A-DATE OF	PERATION	WAS PERF	HTON FOR	WHICH OPERATION	1	20A. AUTOPS 7 Per or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
Photograph	U	21A. ACCIDENT	NGI ICAU	EOF	21 f	PLACE OF INJUR	r (e.g., In	or obout 21	C. WHERE DID	(If In B	oltimare (	City, give ex	oct lacotion	)
where No pt d befor	SICAL	21D. TIME (	nedical exomi Manth) (Da		etc									
(except w ; and (6) s obtained	MEDI	OF INJURY (APPROX.)	rargititi) (Da	y) (tean	W	INJURY OCCURR	ot While	D 21	F. HOW BID IN	URY OCCUR?				
and		22. I certify th	not (#) (this	hospitol)	attended t	he decetased from	11016	8	112	19 <u>7/ta</u>	9/1	*		0 77/
b ()		that (we) I	ost saw the	deceased	alive on_	9/18	***********	19	7/and th		r) opinic	on death o	ccurred	n the date
death) must be		ond hour and	rom the ca	uses stote	d abave. (	(did) (did)	ly (tess	ew the ba	dy after death.					
우드		NA	100.	seur		MD DEGR		ding D	Med.	Staff Phys.	23	BR DATE SI	IS 7	1
rov		23C. PHYSICIAN NAME (Typ	S el	DO	MSEL		E	D. ADDRES	s Baltimo	re City F	-	tal#		
d prior to	24 <i>A</i>	BURIAL CREM.	ATION, 248.				OEGREE CREA	AATOPY		stern Ave		21224		<i>(</i> 2)
D.C.		Burial Sp.	city	-24-71		Family Lot				ichmond,	- tony,	Virgi		(State)
was D.O.A. at a hospital deceased prior to death) written approval must be	25A	DATE REC'D I	HEALTH D		BE Ja	ON REGISTRAR	.)	25C. (U	VERAL DIRECTOR	3			ADDRESS	
	VS	150-REV. 1/1/6B	W E	Vace	مر جر مره	wer The		MUR	TON & DYF	TT F H	17	01 Lau	rens	S+



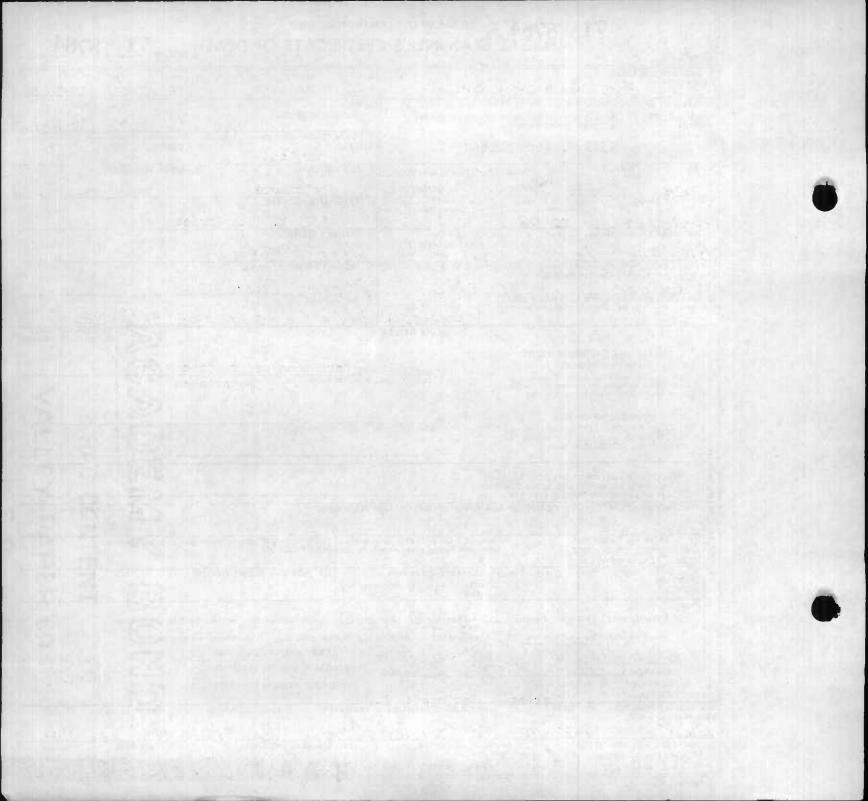
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such etermined couse; (5) Deceased contributing cause of deoth a hospital and BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH uo Type or Print) Arthur McGee death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendonce FULL NAME OF HOSPITAL OR INSTITUTION Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN 0 D. INSIDE CITY LIMITS? YES X NO L Baltimore prior 2925 Walbrook Avenue E. STREET AND NUMBER occurred 2925 Walbrook Avenue in regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In yours 7. MARRIED X NEVER MARRIED If Under 1 Yr. If Under 24 His. deceased lost birthday Hours Months Doys 3-18-10 DIVORCED WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth isposition done during most of working life, even if retired) (4) Und Greenwood, S. C. U. S. A. Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct Flander McGee Lillie McGee assistant eath LO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of sorvico) kind; 17. INFORMANT 6. SOCIAL ADDRESS final SECURITY NO. attendonce Ö Mrs. Hattie McGee 2925 Walbrook Ave. ony pronounced CAUSE OF DEATH 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH his DISEASE OR CONDITION DIRECTLY regulor atter (3) A fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: hearl failure, osthenia, etc. Il meons the diseose, injury or complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, il ony, giving rise to the above cause (A) stating the = the physician remains UNDERLYING CONDITION last. No physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). An accident of any nature; (2) Body the 20A-AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 0 before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF where 21 B. PLACE OF INJURY le.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exect location) the body was released to the hospital shows: (1) An accident of any nature; ( MEDICAL DEATH Inotify medical examined obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except Not While While At IAPPROX. and Work At Work 22. I certify that (1) (this haspital) ottended the speciosed fram. pe that (1) (we) lost saw the deceased olive an\_ and that in (my) (aur) opinion deoth occurred on the date eath) hospital must ond hour and from the causes stated obave. (1) (We) (did) (did not) view the body ofter death. his certificate must O Attending 🔀 0 approvai Director 8 C. PHYSICIAN'S prior 23D. ADDRESS to D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased written Burial 8-20-71 Mt. Auburn Cemetery Baltimore, Maryland MOS 258 NAME OF REGISTRAR ADDRESS
Morton & Dyett F. H. 1701 Laurens St. VS 150-REV. 1/1/68



	1-525 71 878	0	HEALTH DEPARTMENT	reg. no. 171	0m03						
BI	RTH NO.	3 CERTIFICA	TE OF DEATH	REG. NO.	3/00						
	NAME OF DECEASED  (pe or Print) ALAFAIR JE	ENKINS	2. DATE AND	HOUR OF DEATH	1 1.15 D.						
3.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before, STATE B. COUNTY										
FL	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	MD		1505							
II V		BPITAL.	C. CITY OR TOWN	D. INSIDE CITY							
110		BALTIMORE.	BALTIMORE E. STREET AND NUMBER	YES	NO 🗌						
5	100	12-16	1818 BE	y Talan							
5.	SEX 6. RACE // 7. MARK	HED NEVER MARRIED	8. DATE OF BIRTH 9	AGE (In years If Un	der 1 Yr., Il Under 24 His.						
	FEMALE C WIDOW		01-1895	7.6	Doys Hours Min.						
do	LUSUAL OCCUPATION (Give kind of work 10B, KINI of during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12. CI	TIZEN OF WHAT COUNTRY						
1/4	Domestic A	thone	HONEY Hill.	S.C.	ZI.S.A.						
113.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E							
	James Green		SUSAN G	REEN							
IYe	Wes Deceased Ever in U. S. Armed Forces? s,no or unknown) lif yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS						
	No	NONE	Mrs. Susan D	aniels 1808 E	BentalouSt.						
	18. 4 3 6 9 1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CEREAPA-VAS	CULAR ACCIDENT	248-						
	(This does not mean the mode of dying, heart failure, osthenio, etc. it means the dise	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	TULLIK METER	44 (W)						
	injury or complication which caused death.)										
	ANTECEDENT CAUSES	(B) A7	HEROSI LEROS	15 2							
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) staling the UNDERLYING CONDITION lost.  (B)  DUE 10, OR AS A CONSEQUENCE OF:  SENILITY										
	UNDERLYING CONDITION last.										
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	10									
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL	***********************************								
FE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED  19B, CONDITION 19B, CONDITION FOR WHICH OPERATION 19B, CONSIDERED IN CERTIFYING CAUSES OF DEATH?										
WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?											
MEDICAL (	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., 1) hame, form, foctory, street, of elc.)	fice bldg., INJURY OCCUR?	(II In Bolttmore City, g	ive exoct locotton)						
AED!	OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?							
<	(APPROX)	While At Work Not While At Work									
	22. I certify that (1) (this haspital) attende	d the deceased from	9/14/19	71_ta	9/15/1971						
	that (1) (we) last sow the deceased alive (	on	19and that	in(my) (our) apinian de	oth occurred on the date						
and have and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.											
23A. SIGNATURE  23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  AZAD  CADER  23D. ADDRESS  L. M.T.H.E.P.A.N. H.O.D. R.A.I. TO M.D.											
						244	BURIAL CREMATION, 24B, DATE 1240	NAME of CEMETERY OF CRE	L MTHERAN MATORY 124D. LOC	HOSP, BALTO,	17D 11118.
						E	REMOVAL (Specify)	1 1 1 1 1 1	,	01	or county) (Stote)
25	L DATE REC'D BY HEALTH DEPT. 258, NAN	OODWIII (PM)	25C. PUNERAL DIRECTOR	PleasaNt, .	ADDRESS						
	SEP 20 1971 Reput 2.	Jaben MA	Roudalow Or	Mick 24218	Oliver St						
'VS	150-REV. 1/1/68		F MANNEL BEGINNING	100000000000000000000000000000000000000	MURIOUN DUI						



71 8784	BALTIMORE CITY HE				berri .		
BIRTH NO.	L EXAMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO.	1 8	3784
I. NAME OF DECEASED		2. DATE					
/Tune or Drint)			Known 1	Month	Day	Year	Hnur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			Estimated	9	16	71	10:30 Am.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			NCED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			INCED DEAD	9	16	71	10:30 Am.
OR INSTITUTION	7.4	S. USUAL RE	SIDENCE (Where		d. If institution: r	esidence b	
1523 E. 28th S	Street	A. STATE	aryland	В.	COUNTY	9	07
6. SEX 7. RACE B. AAA.E	RRIED NEVER MARRIED	C. CITY OR		T.	D. INSIDE CITY	LIMITS?	
	_		4				
Male Negro WIDO  9. DATE OF BIRTH 10.AGE (In years	WED DIVORCED HUNDER 1 Yr. If Under 24 Hrs.		altimore		YES	KIN	10 [
lost birthday)	Months   Doys   Hours   Min.	E. STREET AL	ND NUMBER				
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11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S	NAME				
GIEN AILEN. Va.	WHAT COUNTRY?	MOSE	e Cas	RV			
14A.USUAL OCCUPATION (Give kind of work 14B. KIN		IS. MOTHER	S MAIDEN NAM	E			
dane during most of working life, even if retired)	P. 71:	Ea. 1	T1	4			
16. WAS DECEASED EVER IN U.S. ARMED FORCE	1 (L/3 / ) C ES?   17. SOCIAL			Mas	400	RESS	
(Yes, no ar unknown) (II yes, give wor or dates of service	SECURITY NO.	IB. INFORM	ANI				
No	31-30-6005-A	ANNIC	COSBI	11523	E. 282	Lui S.	t,
19. 185 X	CAUSE OF DEA	TH	7				ROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY						DETWE	EN CHIEF AND DEATH
LEADING TO DEATH	IN ILLED LATE OF	Caro	inoma of	nroctai	to with		
(This does not meon the mode of dying, e.g. heart failure, osthenia, etc. II means the disease	DUE TO OR I	AS A CONSEQU	ENICE OF	etasta			***************************************
injury or complication which caused death.)							
ANTECEDENT CAUSES	<b>/</b> 0\						
DISEASES OF CONDITIONS IS ANY CIVING	G DUE TO, OR	AS A CONSEQ	UENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING TH	E					300	
2	(c)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A 20A. DATE OF OPERATION 20B. CONDITION	TIME						
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM	MINAL					3	
DISEASE OR CONDITION GIVEN IN PART 1 (A	.).			***************************************			
20A. DATE OF OPERATION 20B. CONDITION	FOR WHICH OPERATION WA	S PERFORME	D		2	I. AUTOP	SY? (Yes or No)
						No	
Z22A. EXTERNAL CAUSE WAS	228. PLACE OF INJURY (e.g.,	In or obout 22	C. WHERE DID (II	in Boltimore	Cilv. give exact !		
UNDERLYING OR CONTRIBUTION OF DEATH.	home, form, foctory, street, affice	bldg., elc.) IN.	JURY OCCUR?				
UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Ho	ur) 22E.INJURY OCCURRED	221	E HOWELD IN	IDV OCCUP			
OF INJURY		WHILE -	F. HOW DID INJU	JRY OCCUR			
(APPROX.)	m. WORK AT W	ORK					
23.							
I certify that I held on Inquiry	Inspection X Aut	top sy	and that on thi	s basis, de	eath in my op	inlan	
resulted from: Notural couses 🗵	Accident Suicid	e Hom	icide U	ndetermine	d manner		
0000		CH	HEF MEDICAL EX		1		
ACTUAL	June 1	ASSIST	ANT MEDICAL EX	AMINER E	1	D	ATE SIGNED
SIGNATURE EXAMINER'S	M.D.					a	-16-71
NIAME /T	C Comingate M	-	IATE MEDICAL EX	AMINER _	27.0		10 / 1
24A. BURIAL CREMATION. 24B. DATE	S. Springate, M	or CREMATOR	Y 24D 10	CATION	ICity town		15
REMOVAL (Specify)	The state of Contract of Contr	/	240. 10	CAHON	(City, lawn, o	county)	(State)
Burial 9-20-71	Mt, Calvan	VCIOT	V. AN	NEAM	UNDEI	(0)	Nd.
25A. DATE REC'D BY HEALTH DEPT. 25B. 1	NAME OF REGISTRAR	2SC. FU	NERAL DIRECTOR	1	ADD	RESS	100
SEP 20 1971 P. G. G. C.	Jalla De A.	R	AND DO	0 111	1	80	0. 01
VS 151 PEV 1/2/49	1 1 1 1 1 1	U MIN	GH CONTY	COULCE	2431	6.01	wer st
VS 151-REV. 1/1/68			1				



t if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased attendance prior regular deceased = Was the direct assistant O death kind; attendance any pronounced of fracture examiner regular examiner. who 4 3 physician MOS medical burns; physician accident of any nature; (2) Body the 0

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the body was released shows: (1) An accident

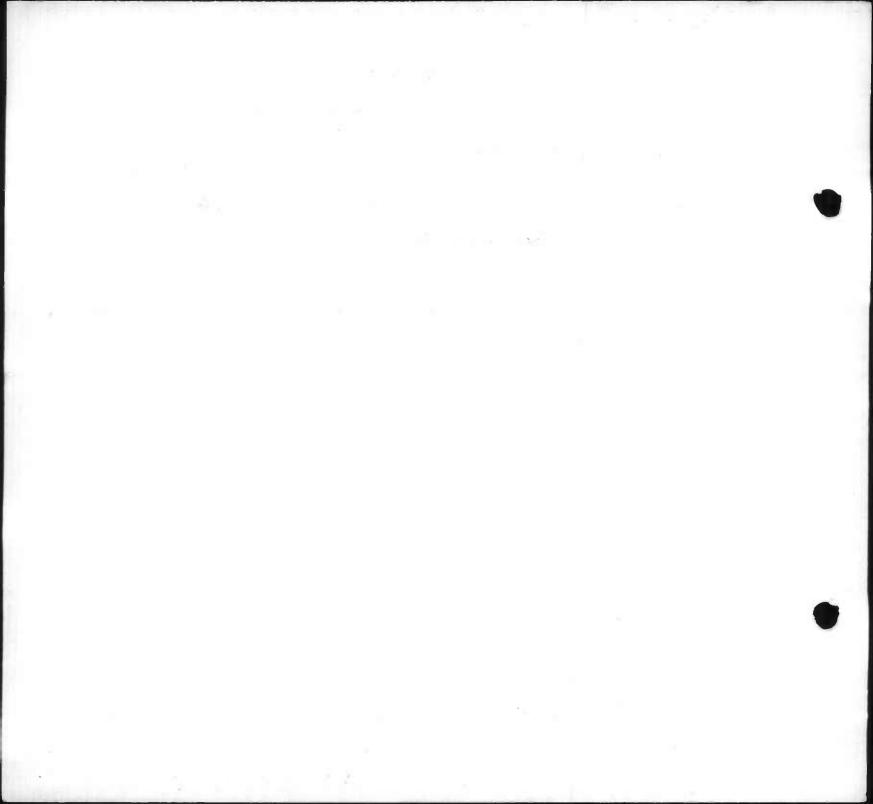
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6 death.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE

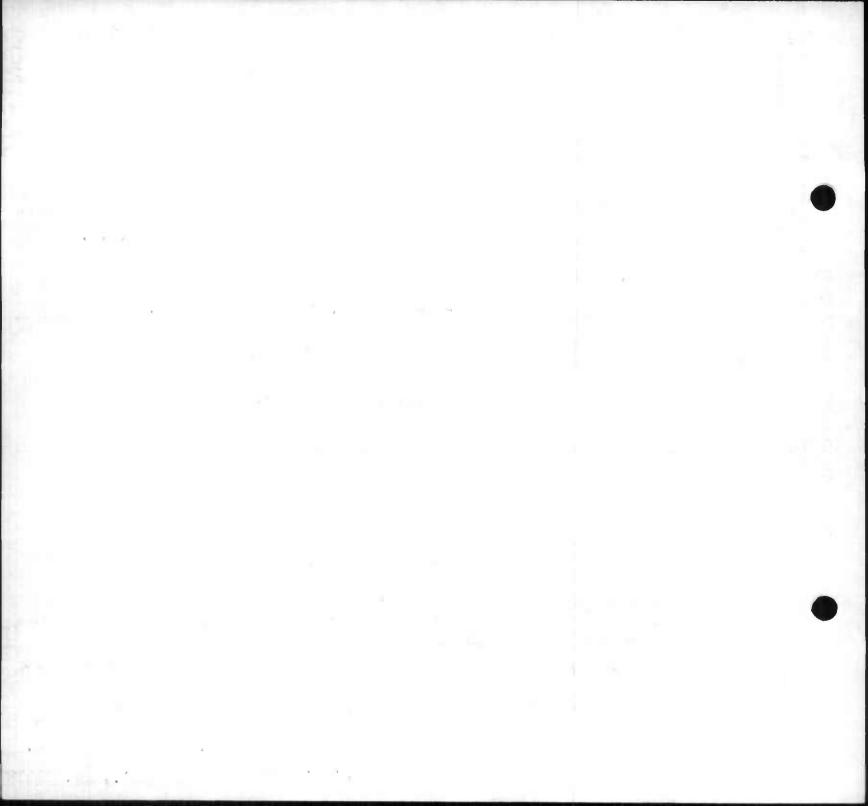
B. COUNTY B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OF TOWN D. INSIDE CITY LIMITS? YES 🔀 NO BON Secours Hospilal E. STREET AND NUMBER 5. SEX 6. RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH If Under'l Yr. If Under 24 Hrs. WIDOWED Y DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Telephone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tromas. A ram 15. Wes Deceased Ever in U. S. Armed Farces? (Yes,no or unknown) (If yes, give war ar dates of service) 6. SOCIAL 7. INFORMANT ADDRESS SECURITY NO. 18-0009 811 Venable Ave. Vivian Svczrowski 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove couse (A) stating the UNDERLYING CONDITION last 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in or about 21 C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (Il In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME (Manth) (Day) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (i) (this haspital) attended the deceased from Life. AM 19 that (I) (we) lost sow the deceased alive on Sept. 4 ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave. (1) (We) (did) (did nat) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending | Med. Director \_\_\_ Phys. 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) 9-22-71 Burial Druid Ridge Cem. Pikesville Md.

ADDRESS 25C, FUNERAL DIRECTOR Jenkins Sons Co York Rd. VS 150-REV. 1/1/68

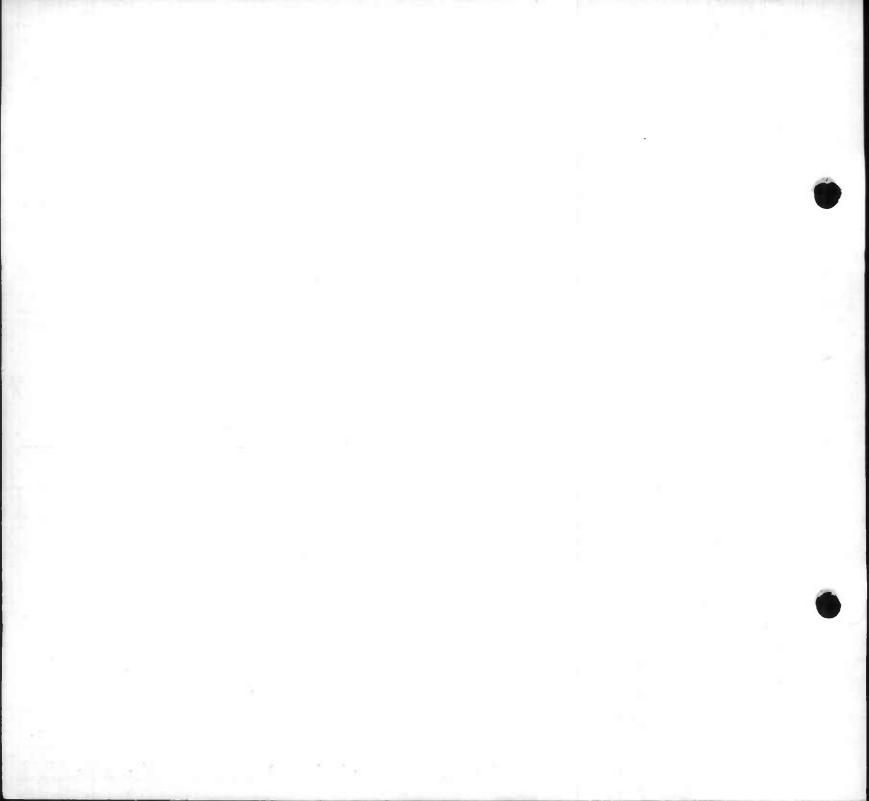


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11/	17 171	DENO.E	BALTIMORE C	TY HEALTH DEPARTMEN	IT /	
11	RIH NO. 524	3785	CERTIFIC	ATE OF DEAT	H REG. NO.	8786
117	NAME OF DECEASED ype or Print)			2. DA1	E AND HOUR OF DEATH	15
3.	PLACE IN BALTIMORE MARYLAND	D. WHERE PRONOU	NCED DEAD	14. USUAL RESIDENCE	Where deceased lived, If institu	tion: residence before admission
				A. STATE B. C	OUNTY	A Delate Bollinssion
H	ULL NAME OF (IF NOT IN HO OSPITAL OR ADDRESS OR L	SPITAL OR INSTITUT	NON, GIVE STREET	C, CITY OR TOWN	ID INSIDE	CITY LIMITS?
His	*	· Ha	- D	Balto		S NO
	Union Memori	CL 110:	. / -	E. STREET AND NUMB		
					ER RIdGe	
5.	SEX 6. RACE	_	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If last birthday) M	Under 1 Yr. If Under 24 Hrs. onths Days Haurs Min.
10	A USUAL OCCUPATION (Give kind of	WIDOWED _		01/29/88	> 83	
do	ne during most of working life, even if retir	red)	DOSINESS OF INDUS			2. CITIZEN OF WHAT COUNTRY?
12	Housewife FATHER'S NAME	Own I	Home	MaryLo	ind	U.S.A.
11.3	LVILLER 2 MAINE					
12.5	Robert J. Wrigh Was Daceased Ever in U. S. Anned es, no or unknown! lift yes, give war or	t. Garey		VashTr	Saulsbur	Y
(re	es, no or unknown! Ill yes, give wor or	dates of service)	6. SOCIAL SECURITY NO.			
	No		216-46-240		Winslow, Sr.	
1	DISEASE OR CONDITION	DIRECTIV	CAUSE OF DE	ATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	LEADING TO DEA			SEPTIE	SHOCK · PULMOI	VA
	This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g.,	(A) IMMEDIATE O	AS A CONSEQUENCE OF: V	4 BOXALI	***************************************
11	injury or complication which cau	sed death.)				
1	ANTECEDENT CAU	SES	(B) TROP	100 FLEDING -	PENIDALITIS (?	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stoling the					
	UNDERLYING CONDITION last. (C)					
_	11					
10	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T	TO THE TERMINAL				
CERTIFICATION	19A. DATE OF OPERATION 19B.	PART 1 (A).	ICH OPERATION	20A. AUTOPSY? (Yos	or No. 208, IF YES. WERE FIND	INGS CONSIDERED
1	2 WAS	PERFORMED		Vec	IN CERTIFYING CAUSES	OF DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	IG 21 B. P. home, elc.)	lace Of INJURY less farm, factory, street,	office bldg, INJURY OCCU	ID (If In Boltimare Cit	ly, give exact location)
EDIC/			NJURY OCCURRED	215 44244 245		
ME	OF INJURY (APPROXI	White	At Not W	hile	INJURY OCCUR?	
		Work		ж 🗀		
ll.	22. I certify that (I) (this hosp		91.0	resp.	197/109/1	7
	that (1) (we) last saw the dece					death occurred on the date
	and hour and fram the causes	stated above. (i)	(We) (did) (did not	view the bady after de		
	put	100		Hending Med. Director C	Shoff Phys.	9/18/7-
	23C. PHYSICIAM'S NAME ITypel		DEGREE	23D. ADDRESS	Thys.	
	T.	OSE P	4-2	DE UNIO	N HENORIA	L HOSPINAL
24.	A. BURIAL CREMATION, 248, DATE	24C. NAA	ME of CEMETERY of	CC)		own, or county) (State)
	Burial 9-21	L-71 Hor	newood Fr	iends	Balto	Md.
	A. DATE REC'D BY HEALTH DEPT.	258. NAME OF		25C. FUNERAL DIREC	TOR	ADDRESS
	SEP 20 871 U484	BE GROW	4.0	1 4 M 9 95 e	nkins & Sons York Road Ba	1to Md 21212
VS	150-REV. 1/1/68					



1	BALTIMORE CITY	HEALTH DEPARTMENT	
Deget.	BIRTH NO. 3081 8787 CERTIFICA	TE OF DEATH REG. NO.	_
of death of death Deceased e on the	T, NAME OF DECEASED (Type or Print) Meeth, Marie C	2. DATE AND HOUR OF DEATH	M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admissia A. STATE B. COUNTY	in)
da (5.5 b	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN  D. INSIDE CITY LIMITS?	
caus use; ( tenda	INSTITUTION HERE SOL HOSPICED	Falto YES NO	
outing ed cau ar att prior de.	Huion humoral tospital Balto, 33rd + calvet Sts	E. STREET AND NUMBER  726	
contribution to the contri	5. SEX 6. RACE WIDOWED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIETH  9. AGE Un years  last birthdayl 73  If Under 1 Yr. If Under 24 Hr  Months: Days Hours Min.	18.
ath or condetended in redeced	dane during most of working life, even it refired)  Austral  Curr Some	11. BIRTHPLACE (State or loroign country) 12. CITIZEN OF WHAT COUNTY	RT1
rect (4) Ur. was the isposi	John Joseph Carrick	Morpher's MAIDEN NAME We govet M. GEOGHEGAN	
istant he dir kind; death ce on nal di	(Yes, no or unknown) (If yes, give war or dotes of service)  R12-30 = 4810	17. INFORMANT JO M. Jours 5717 Roland Ave Belto2/21	10
2 4 7 D B T	18. 4/2 4/1 + 250 9 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
E 0 - E 0 D	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ISE STAPHYLOCOCCAL SEPSIS indefinite	
A S C B E		A CONSEQUENCE OF:	1
-= - 5 - 5 -	injury or complication which caused death.)  ANTECEDENT CAUSES		
Xamidami A fr who reg	DISEASES OR CONDITIONS If any civing DUE TO, OR AS	A CONSEQUENCE OF:	,
9 X C - 0	underlying condition last.	ND, Est Heeding, Disteks well. Yrs	
medical edical e burns; (3 hysician n was ir		ctive of extremetries yrs	
ef med dy bu	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	cove of extrantions 715	•
chief Body the pysicie	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION 179E. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSYS (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	Т
500 545	OR CONTRIBUTING CAUSE OF DEATH (noisly medical examined)  218 PLACE OF INJURY (e.g., home, farm, factory, street, or etc.)	in or about 21 C. WHERE DID (If in Baltimore City, give exoci location) (INJURY OCCUR?	_
by the principal who who do be	210-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	_
y natury xcept nd (6)	While AI Not Whi At Work  Not Work		
	22. I certify that (i) (this hospital) attended the deceased from	9/10 197/10 9/17 197/	
8 2 4 - 0	that (i) (we) lost sow the deceased alive on	19 and that in(my) (our) opinion death accurred on the de	ote
pit pit pat	ond hour and from the causes stated above. (1) (We) (did) (did not)	view the body after death.   238, DATE/SIGNED	_
must eleas ccide r hos to de	Charlestardea lus, Decree	ending Med. Staff 9/17/7/	
0 - 0 >	23C. PHYSICIAN'S NAME (Type) C. Fazekas MD	23D. ADDRESS . U. H	
certificat body was vs: (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR		
	Burial 9-21-71 New Cathedral		•
the show was dece	SEP 20 1971 Passes E. Failer, M.D.	25C. FUNERAL DIRECTOR & Sons Co., ADDRESS 4905 York Road Balto., Md. 2121	12
	VS 150-REV. 1/1/68		



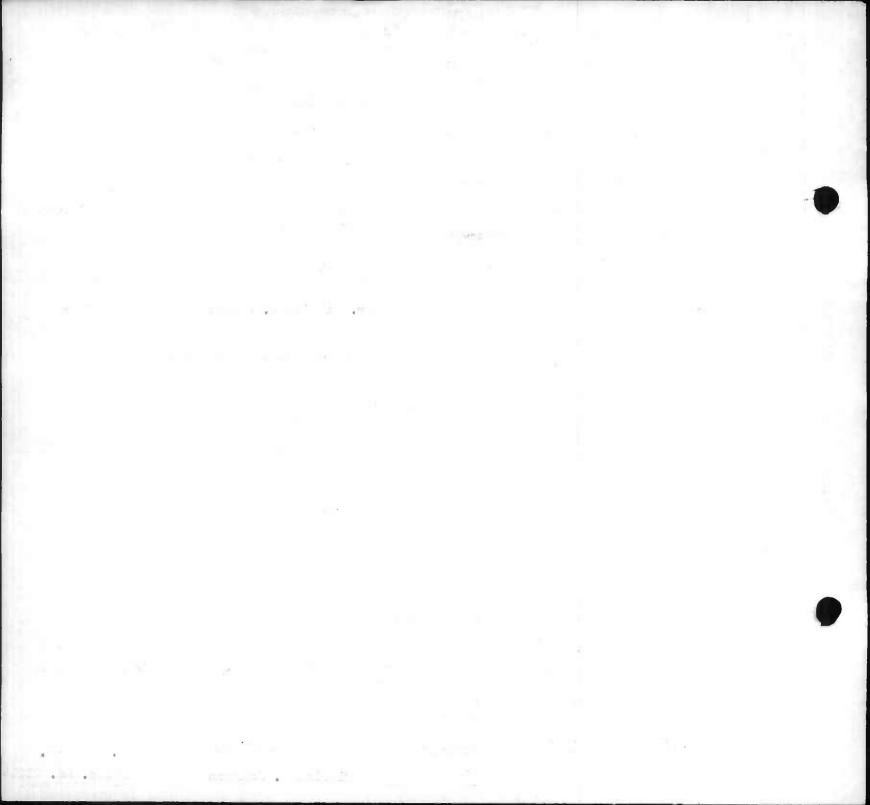
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JENSEN , AUGUSTA L. .. LO 9-15-1971 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY attendance MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) BALTIMORE FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN BALTIMORE UNION MEMORIAL MOSPITAL YES X NO [ prior E. STREET AND NUMBER N. Moward 280 21218 is made. was in regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (in years lost birthdoy) MARRIED NEVER MARRIED If Under 24 Hrs. deceased If Under 1 Yr. Months: Days Hours WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? or final disposition done during most of working life, even if retired) JERSEY CITIZEN Housewife the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES RAAAA BERTHA CHER MAN death HO kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. regular attendance Mr. William O. Jensen Same fracture of any who pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, examiner. injury ar camplication which caused death.) ANTECEDENT CAUSES Gre DUE 10. OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last the remains burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). o the hospital by a many nature; (2) Body 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (except where the obtained before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II In Boltimore City, give exoct location) to the hospital MEDICAL DEATH (notify medical examined 9 (Month) (Doy) (Year) (Hour) 21& INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved OF INJURY Not While While At (APPROX.) death); and Work At Work 22. I certify that (1) (this hospital) attended the deceased from 9 that (1) (we) last saw the deceased alive on 9-15- Wile 19 21 ond that In (any) (our) opinion deoth occurred on the dote a hospital the body was released shows: (1) An accident and have and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending [ deceased prior to written approval Med. 9-15-1971 Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS ŧ NAME (Type) was D.O.A. DEGREE 24A. BURIAL CREMATION, 248, DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (Cily, town, or county) REMOVAL (Specify) Baltimore Balto ADDRESS 25C FUNERAL DIRECTOR Balto. Md. 21204



70020	0-/65 71 8789  BALTIMORE CITY HEALTH DEPARTMENT X  REG. NO. 71 8789
of death of death Deceased e on the	1. NAME OF DECEASED (Type or Print) O'Brien, Edward  2. Date and Hour of Death 9-19-71  5-40  8.40
_ 0 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence belove admission)  A. STATE  B. COUNTY
da (5.5	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI  INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI  C. CITY OR TOWN Eafontous D. INSIDE CITY LIMITS?
ed in a cause; d cause; r attend prior to	North Charles General Hospital Bouting YES NO LE STREET AND NUMBER
ibutined ined prad pr	5. SEX GRACE 17 Washington St.
occu ormiri regul ased	Markied Winever Markied   S. Date of Sikith   9. Age (in years   If Under 1 Yr.   Il Under 24 His. Manths Doys Hours Min.
or condete	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)    DUS Driver Transportation U.S.A. New York U.S.A.
irect or c (4) Undet was in the decision	13. FATHER'S NAME  Transportation  U.S. A. New York  14. MOTHER'S MAIDEN NAME
	Elbert O'Brien Hary Madden  15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
the d kind; deat deat inal c	15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown! (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS North Charles  15/-18-2430  Teresith S. dehlour RN Gen. Hospital
if if any ced	CAUSE OF DEATH
Also, Also, e of noun atter	LEADING TO DEATH
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chiel y a r Body the tysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
y the ital by e. (2) where No ph	CONCONTRIBUTATION OF THE PROPERTY OF THE PROPE
hosp nature ept w d (6)	DEATH (notify medical examiner)  21D.TIME (Manthi (Dayl (Year) (Haur) 21E. INJURY OCCURRED While At Work At Work  At Work  Not While At Work
an can	22. 1 certify that (1) (this haspital) attended the deceased from July 29 197/ ta Sect. 19 197/
55 5 4 5 T	that (1) (we) last saw the deceased alive an State of 1977 and that in (my) (aur) apinion death accurred on the date
death)	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED
	23C. PHYS CIAN'S  AMME (Type)  Attending Med. Director Director Phys. D  23D. ADDRESS  AMME (Type)  23D. ADDRESS
y was religious y was religious and acc.  A. at a the distribution to approval	FRANCILLIAN HI LARTH CHANGE GEN HERD
Sod 7S: (7S: 0D.O	24d Sukial Cremation, Removal (Specify)  Burial  9/23/71 St. Francis deSales  Elka Park, New York
This cer the bod shows: was D.C decease	SEP 20 1371 Page 8 E. Jacker R. Win. E. Johnson 8521 Loch Reven Blvd. 21 2044

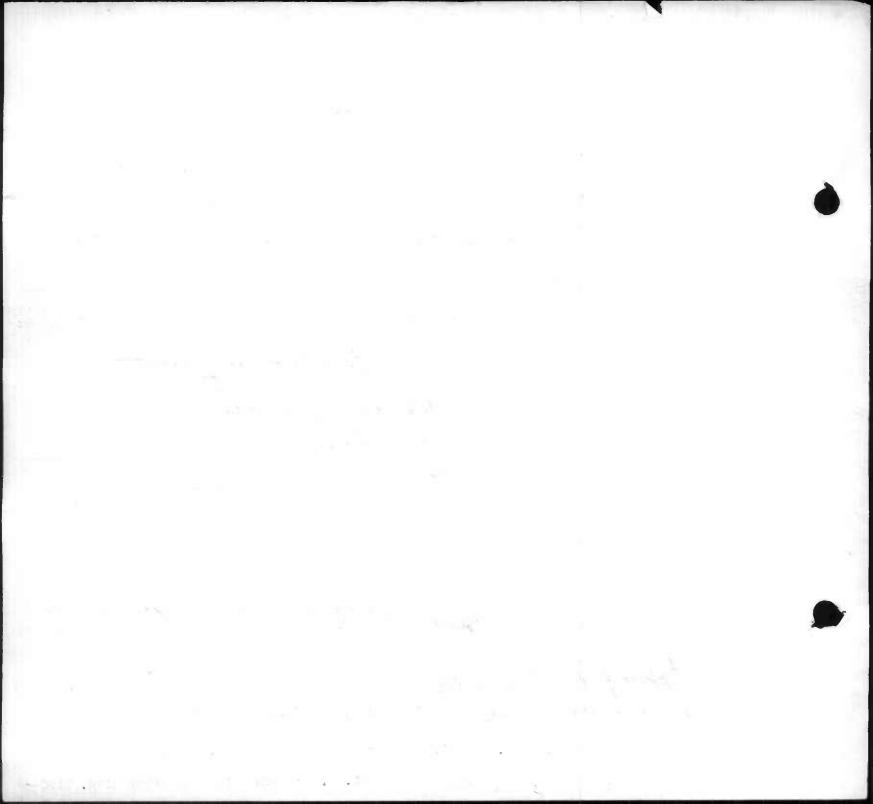
Elka Park, New York

25G. FUNERAL DIRECTOR ADDRESS

Wm. E. Johnson 8521 Loch Raven Blvd. Burial 9/23/71 St. Francis deSales

25A. DATE REC'D BY HEALTH DEPT. 25R. NAME DE REGISTRAR

SEP 20 1971 Police & Jacker & A. SEP 20 VS 150-REV. 1/1/68



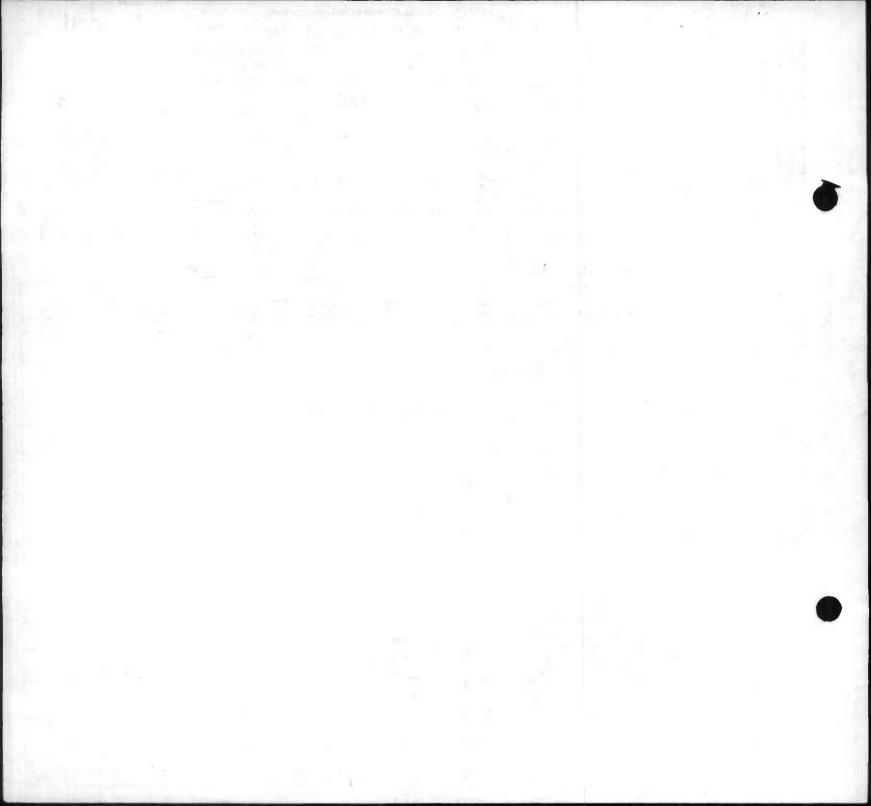
SETWEEN ONSET AND DEATH REMOVAL (Specify) BUNIA 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** SEP 20 1

hetter from M. E. D office

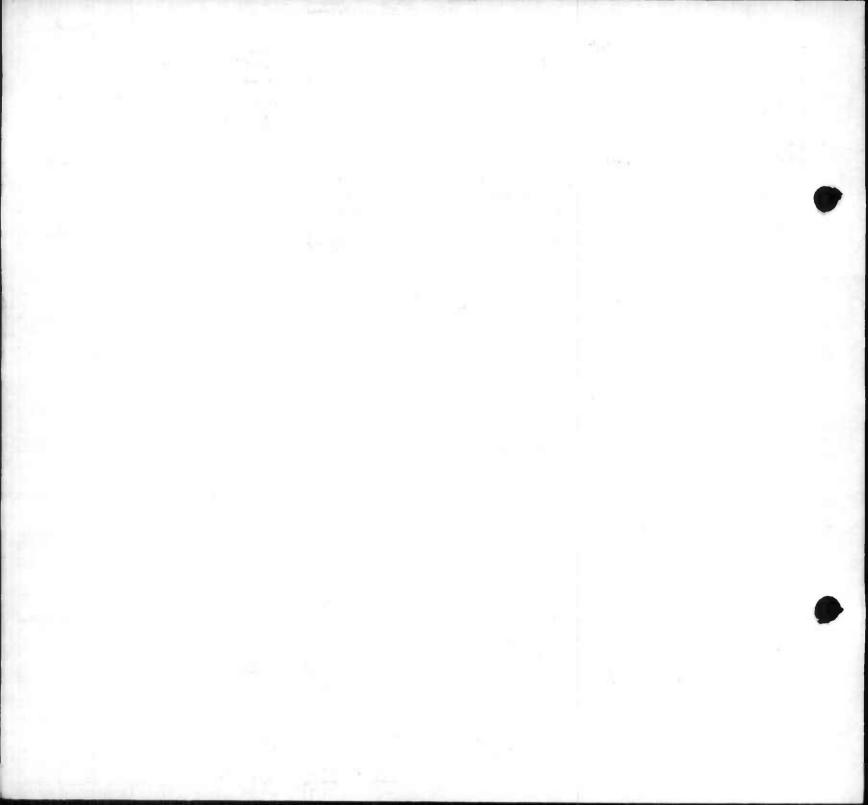
## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT	1°14 OmOd
BIRTH NO. CERTIFICATE OF DEATH	EG. NO. /1 8/91
1. NAME OF DECEASED Walter B. Bast 2. DATE, AND HOUR 9/16/7	OF DEATH
	ed lived. If institution: residence before admission
HOSPITAL OR ADDRESS OR LOCATION)  G. CITY OF TOWN	D. INSIDE CITY LIMITS?
MPYCY HUSPITAL Galesville E. STREET AND NUMBER	YES NO
5. SEK 6. RACE 17. ALADRIED VALUED ALADRIED 18. CATE OF RIGHT 19. ACE (I.	•
Caucasian WIDOWED DIVORCED 0/20/28 lost birthde	Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country, done during most of working life, even if refired)	12. CITIZEN OF WHAT POUNTRY?
Service Foreman Electrical Strady Side	Med M. S. A
Edward L. Bast Tanet	Lee
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dotes of service)  16. SOCIAL SECURITY NO.	ADDRESS
YES 1952-54 217-24-6594 JOYCE T. BAS"	t Galesville Md
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	311
ANTECEDENT CAUSES	ł
DISEASES OR CONDITIONS, it any, giving DUE 10, OR AS A CONSEQUENCE OF:	
inse to the obove couse (A) stating the UNDERLYING CONDITION lost. (C)	
11	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (145 or No.) 208. IF	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, loctory, street, office bldg. INJURY OCCUR?	f In Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DIO INJURY OCCU	UR?
(APPROX.)  While At Not While At Work	1 11 6 1
22. I certify that (1) (this hospital) attended the deceased from 3ept 6 19	10 Japh 6 19 01
	(aur) opinion death accurred on the date
and hour and fram the couses stated above. (1) (We) (did) (did not) view the bady after death.	
Willard J. (Mass MD DEGREE Phys. Director Phys. DX	238. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) Willard P. Amoss MD 23D. ADDRESS MAN HO	00
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. ESCATION BURIS 9.19.71 Woodfield Commutary Galesu	(City, town, or county) (Stote)
25A. SEP 20 BY WEALTH PUT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	Home, ANNOPOLIS, MI
VS 150-REV. 1/1/68	, , , , , , , , , , , , , , , , , , , ,

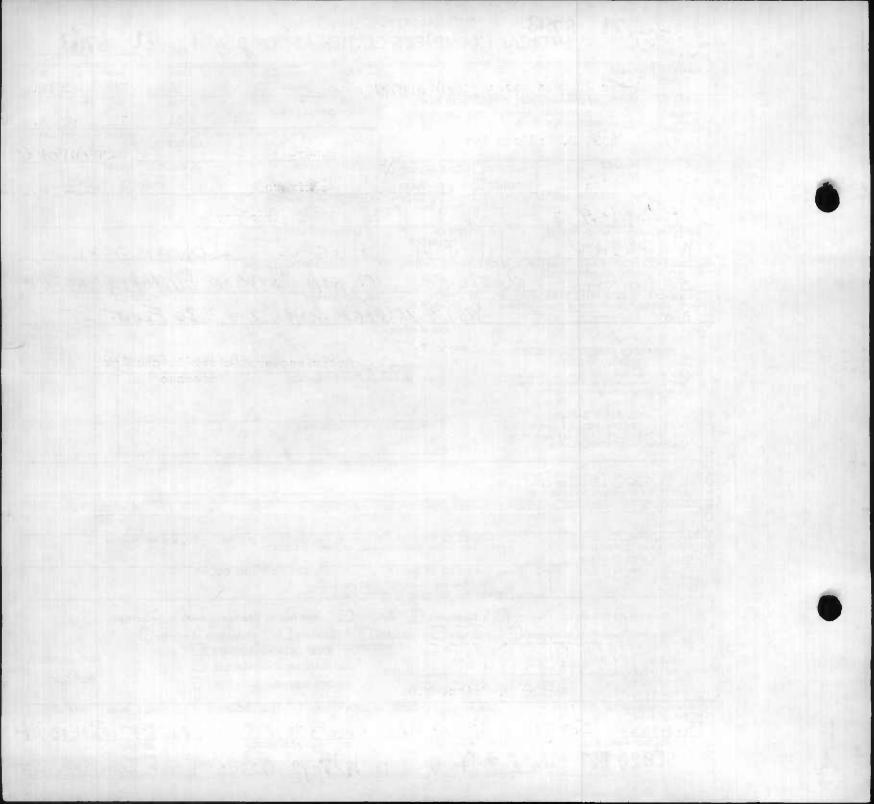


	M.	BALTIMORÉ CITY	HEALTH DEPARTMENT		
BIR	TH NO. 35 71 8792	CERTIFICA	TE OF DEATH	REG. NO.	71 8792
	pe or Print WALTERL MART	151		HOUR OF DEATH	1 2:05P N
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: residence before admission)
FU HC	LL NAME OF IIF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOGATION)	. GIVE STREET	MARYLAND  C. CITY OR TOWN BAL	V	
	CHURCH HOME & HOSPI		E. STREET AND NUMBER	THONE	YES NO
	BALTIMORE MD. 2  SEX   6. RACE   7. MARRIED \( \subseteq N \)	1231	1160 FRA	BLEY h	IAY: 21205
5. S	6. RACE 7. MARRIED N	EVER MARRIED	8. DATE OF BIRTH	. AGE (in years	Il Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	MALE NHITE WIDOWED	DIVORCED	17,17,08.	63	
A01	USUAL OCCUPATION (Give kind of work 108, KIND OF BUS)	NESS OR INDUSTRY		n country)	12. CITIZEN OF WHAT COUNTRY
		ON DEPTT.	W. VA.		U.S.A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	lE .	
	FAMES M, MARTI	٧,	MARY	BIDDOW	
5. Y	Was Deceased Ever in U. S. Armed Forces? 16.5	OCIAL	17. INFORMANT	BURCH	ADDRESS
Al		6-10-3339	HOSPITAL	CHAPT	,
V	18.// //	CAUSE OF DEATH	1	CHANI	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
i	LEADING TO DEATH	(A) IMMEDIATE CAU	SE PROFUCE A CONSEQUENCE OF:	HEMOPTYS	15 45 min
	IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:		Schoolines
	injury or complication which caused death.)				1
	ANTECEDENT CAUSES	(B) CAR	CINOME (R)	LUNG	Unknown
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	7	
	UNDERLYING CONDITION last.	(c)			
	II .				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
SAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			******************************
CERTIFIC	19A-DATE OF OPERATION 19E CONDITION FOR WHICE	1 OPERATION	20A. AUTOPSY? (Yes or No.)	IN CERTIFYING CAUS	IDINGS CONSIDERED SES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING TO 121B. PLAC	E OF INJURY (e.g., in	or obout 21 C. WHERE DID	//L In Rollimore	City, give exact location)
_1	21A. ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examiner) etc.)	m, foctory, street, olf	or obout 21 C. WHERE DID	la in polimore	City, give exoct locotion;
2		RY OCCURRED	235 110		
MEDI	OF INJURY		21F. HOW DID INJU	RY OCCUR?	
	Work	At Work			
	22. I certify that (I) (this hospital) attended the de		9.12.71	)to9	. /6.71 19
	that (I) (we) lost sow the deceased alive on	9,16.	19.7/ond tho	fin(my) (our) opini	on death occurred on the dat
	and have and from the causes stated above. (i) (We	) (did) (did not) vi	ew the body ofter deoth.		
	23A. SIGNATURE			12	38, DATE SIGNED
	Satpal hin	M.D. After Phys.	nding Med.	hoff A	9.16.71.
	23C.PHYSICIAN'S	DEGREE	3D. ADDRESS		
	NAME (Type) Satpal Singh				
24A	BURIAL CREMATION, 248. DATE 24C. NAME	DEGREE OF CRE	MAJORY 24D. LO	CATION (City.	fown, or county) / (Stote)
.7	REMOVAL (Specify)	LANI	N Bn	1 Ta. P.	net
25X	DATE REC'D BY HEALTH DEAL DES NAME REC	ASJEAR -	25C. FUNERAL DIRECTOR	19.00.	In CADDRESS
		<b>经</b> 基		VI 111	10 101 111
	DEL CII DAI Amend on summe		XX/18/ Barelle 1	Yearly 1	Marien, 1900.
5	SEP 20 BM USSAF & MASSAG		De Christ	Hodly 1	Many 14



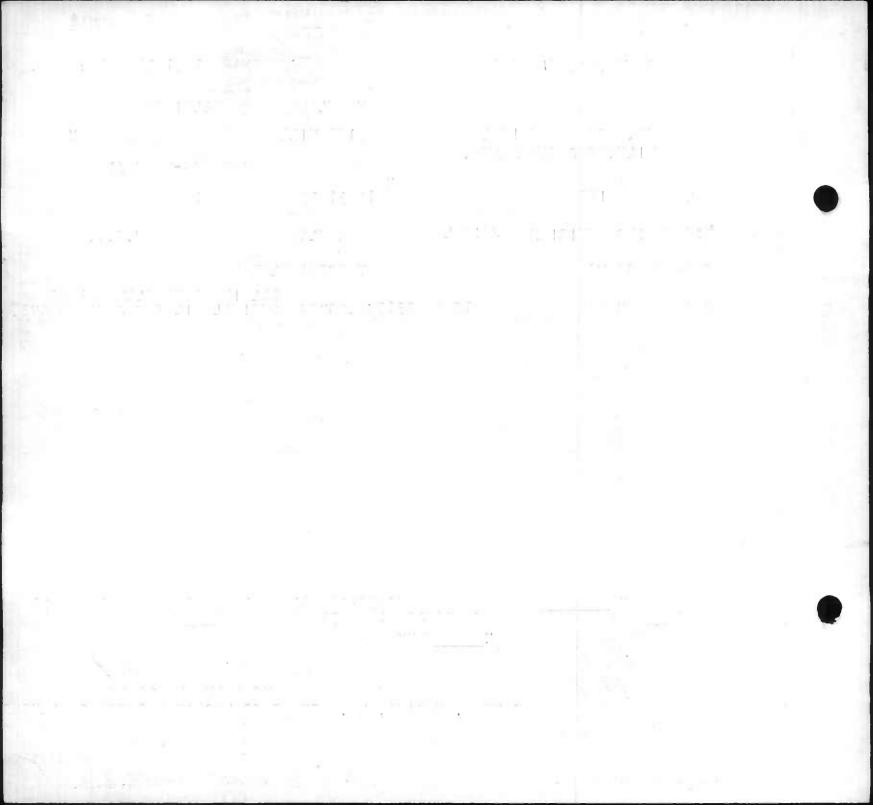
1.525

171 8793 BALTIMORE CITY HE	EALTH DEPARTMENT	
J-525 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	71 8793
IRTH NO.	REG	NO
NAME OF DECEASED	2. DATE Known X Month Do	Year Hour
Anker E. Johannessen - Oh ANSON	DEATH Estimoted 9 14	71 6:20 A.M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 9 14	
RINSTITUTION 2030 F Modican Arrange	5. USUAL RESIDENCE (Where deceased lived. If ins	
2930 E. Madison Avenue	A. STATE B. COU	15
SEX 7. RACE B. MARDER CAMPAGE MARDER	Maryland  Oc. City Or town  D. Insi	DE CITY LIMITS?
MARKIED MEVER MARKIED	C. Cit Ox Total	
Male White WIDOWED DIVORCED DATE OF BIRTH 10.AGE (In years   16 Under 1 Ye.) I Under 24 Hrs.	Baltimore	YES NO
DATE OF BIRTH  10. AGE (In years  1-20-/90   birthdoy)  10. AGE (In years  10. AGE (In ye		
BIRTHPLACE (State or laretan country) 12. CITIZEN OF	13. EATHER'S NAME	
WHAT COUNTRY?	The state of the s	
NOTWAY II.S.A.	HUGUSI JOH	ANSPH
A-USUAL OCCUPATION (Gird/kind of work 148. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
Seaman RETIRED	OLAVA MATKIDE EL	VALASMATTEL
WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT	ADDRESS
WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (II yes, give wor or doles of service)  3. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (II yes, give wor or doles of service)	Day 6 11 11 20 1 1/70	Far-C-
1/0 1 - 1/2/30/2630	THEF JOHNSON 1620	PLEET SI
19.4/2.4/1 CAUSE OF DEA	ATH.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	CAUSE Arteriosclerotic cardio	vascular
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	AS A CONSEQUENCE OF: diseas	
injury or complication which coused deoth.)		
ANTECEDENT CAUSES  (B)  (B)  (C)  (C)  (C)  (B)	AS A CONSEQUENCE OF:	
	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
		·
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A)-		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	
		21. AUTOPSY? (Yes or No)
		No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In or obout 22C, WHERE DID (If In Bollimore City, gi	No
UNDERLYING OR CONTRIB- home, form, factory, street, office	in or obout 22C. WHERE DID (If in Bollimore City, glassed) INJURY OCCUR?	No
UNDERLYING OR CONTRIB-		No
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	No
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT M. WORK		No
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  23.	WHILE 22F. HOW DID INJURY OCCUR?	No
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT M. WORK	WHILE ORK ORK	No
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection Au	WHILE 22F. HOW DID INJURY OCCUR?  topsy and that on this basis, death in	No ve exact location)  n my opinion
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an inquiry Inspection Au resulted from: Natural causes.	topsy and that on this basis, death in the Homicide Undetermined man	No ve exact location)  n my opinion
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an inquiry Inspection Au resulted from: Natural causes.	topsy and that on this basis, death is Homicide Undetermined man eputy CHIEF MEDICAL EXAMINER	No ve exect location)  a my opinion ner
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection Auresulted from: Natural coases X Accident Suicident Signature  ACTUAL SIGNATURE	topsy and that on this basis, death is Homicide Undetermined man eputy CHIEF MEDICAL EXAMINER	No re exect location)  In my opinion ner   DATE SIGNED
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NOT AT WORK AT WORK AT Sulcident	topsy and that on this basis, death is Homicide Undetermined man eputy CHIEF MEDICAL EXAMINER	No ve exect location)  a my opinion ner
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.)  1 certify that I held an inquiry Inspection Au resulted from: Natural couses Accident Suicide  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Werner U. Spitz, M.D.	topsy and that on this basis, death in the Homicide Undetermined man eputy CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	No re exect location)  In my opinion ner   DATE SIGNED
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  220. TIME (Monith) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection Au resulted from: Natural couses Accident Suicid SIGNATURE EXAMINER'S NAME (Type)  Werner U. Spitz, M.D.	topsy and that on this basis, death in the land that on this basis, death in the land that on the basis, death in the land that on the basis, death in the land that on the basis, death in the land that on this basis, death in the land that on this basis, death in the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land that land the land that land the land that land the land that land the land that land the land that land the land that land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land the land the land that land the land t	No re exect location)  In my opinion ner   DATE SIGNED
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.)  1 certify that I held an inquiry Inspection Au resulted from: Natural couses Accident Suicide  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Werner U. Spitz, M.D.	topsy and that on this basis, death in the land that on this basis, death in the land that on the basis, death in the land that on the basis, death in the land that on the basis, death in the land that on this basis, death in the land that on this basis, death in the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land that land the land that land the land that land the land that land the land that land the land that land the land that land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land the land the land that land the land t	No  re exect location)  a my opinion ner   DATE SIGNED  9-14-71
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.)  1 certify that I held an inquiry Inspection A au resulted from: Natural couses.  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.  1A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY EMOVAL (Specify)  3 U - 1 G L SEPTIF 1971 M CA+ MeL	22F. HOW DID INJURY OCCUR?   White   22F. HOW DID INJURY OCCUR?   topsy   and that on this basis, death is to   Homicide   Undetermined man eputy CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   ASSOCIATE MEDICAL EXAMINER   OF CREMATORY   24D. LOCATION (CHY.)   CEMETERY   ON ONWEL	No  re exect location)  In my opinion  ner   DATE SIGNED  9-14-71  Town, or county) (State)  ST BALTO MA
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  220. TIME (Monith) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection Au resulted from: Natural couses Accident Suicid SIGNATURE EXAMINER'S NAME (Type)  Werner U. Spitz, M.D.	topsy and that on this basis, death in the land that on this basis, death in the land that on the basis, death in the land that on the basis, death in the land that on the basis, death in the land that on this basis, death in the land that on this basis, death in the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land that land the land that land the land that land the land that land the land that land the land that land the land that land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land that land the land the land the land that land the land t	No  re exect location)  a my opinion ner   DATE SIGNED  9-14-71
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.)  1 certify that I held an inquiry Inspection A au resulted from: Natural couses.  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.  1A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY EMOVAL (Specify)  3 U - 1 G L SEPTIF 1971 M CA+ MeL	22F. HOW DID INJURY OCCUR?   White   22F. HOW DID INJURY OCCUR?   topsy   and that on this basis, death is to   Homicide   Undetermined man eputy CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   ASSOCIATE MEDICAL EXAMINER   OF CREMATORY   24D. LOCATION (CHY.)   CEMETERY   ON ONWEL	No  re exect location)  In my opinion  ner   DATE SIGNED  9-14-71  Town, or county) (State)  ST BALTO MA
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  220. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.)  1 certify that I held an inquiry Inspection A au resulted from: Natural couses.  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.  1A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY EMOVAL (Specify)  3 U - 1 G L SEPTIF 1971 M CA+ MeL	22F. HOW DID INJURY OCCUR?   White   22F. HOW DID INJURY OCCUR?   topsy   and that on this basis, death is to   Homicide   Undetermined man eputy CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   ASSOCIATE MEDICAL EXAMINER   OF CREMATORY   24D. LOCATION (CHY.)   CEMETERY   ON ONWEL	No  re exect location)  In my opinion  ner   DATE SIGNED  9-14-71  Town, or county) (State)  ST BALTO MA



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1	. 8	BALTIMORE CITY	HEALTH DEPARTMENT	J	1 00004
BIRTH NO.	0 71 879	1 CERTIFICA	TE OF DEATH		1 8794
1. NAME OF D		OSE PH		MBER 14,197	71 10:20 P.,
3. PLACE IN B	ALTIMORE, MARTLAND, WHERE PE	ONOUNCED DEAD	A. STATE B. COUNT	deceosed lived. If institu	ution: residence before admission)
FULL NAME OF	F (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	BALTIMO	RE CITY LIMITS?
	ST. AGNES HOSPI	TAL	PIKESVILLE		ES NOX
1+0	WILKENS & CATON		E. STREET AND NUMBER		
		***************************************	ORCHARD ROAD	BOX 256-B	RT #7
5. SEX		RIED NEVER MARRIED		ost birthdoy	f Under 1 Yr. If Under 24 Hrs.
MALE		WED DIVORCED	112 31 29	41	
done during most	CUPATION (Give kind of work 10B, KIN of working life, even if refired)		11. BIRTHPLACE (State or foreig	n country!	2. CITIZEN OF WHAT COUNTRY?
		OPTICAL	MARYLAND		U.S.A.
13. FATHER'S N	AME		14. MOTHER'S MAIDEN NAM	I.E	
	N GROVE		THERESA BLAZ	EK	
15. Was Decease (Yes, no or unknow	nd Ever in U.S. Armed Forces?  m) ill yes, give wor or dotes of sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	TIMODE MAD	YLAND 21229
YES	KOREA	215 24 331	ST AGNES HOSP	TTAL WILKEN	NS & CATON AVE.
18. 16	1. / 1	CAUSE OF DEAT			
DISE	ASE OR CONDITION DIRECTLY		rie las las	c Ca tobro	
This does	LEADING TO DEATH not mean the mode of dying,	(A) IMMEDIATE CAU		toan	Few month
heart failure	, asthenia, etc. It means the discomplication which caused death.)	die,	CONSEQUENCE OF:		100.010
injuly of Co	ANTECEDENT CAUSES	D		^	13/1-14 (470
DISEASES	OR CONDITIONS, if any, gi	(B) OP AS	A CONSEQUENCE OF:	Collinon	a of the lang
rise to I	the above cause (A) stating	the (C)	a constant of		
	11	(0/			
TO THE DE	IFICANT CONDITIONS CONTRIBUTE ATH BUT NOT RELATED TO THE TERMI				
DISEASE OR	CONDITION GIVEN IN PART 1 (A).  OF OPERATION 198 CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIND	DINGS CONSIDERED
E 0	WAS PERFORMED			IN CERTIFYING CAUSE	S OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If In Boltimore Ci	ty, give exact location)
21D.TIME OF INJURY	(Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)		White At Work			
22. I certif	y that (() (this hospital) attend			71 to SEPTE	MRFR 14 10 71
	) last saw the deceased alive				death accurred an the date
	nd fram the causes stated above	WANA THE MANAGEMENT	aw the hady efter death	/ / / / / / / /	death accorded on the date
23A. SIGNAT	URE /	The state of the s	on the body offer death.	238	B. DATE SIGNED
	Kahmant	DEGREE Phys	ding Med. S	haff hys.	9/19/7/
23 C-PHYSICI NAME	Typel //		D. ADDRESS AVE	BALTO MD 2	21229
	Karmen R	AHMAN, KARIMA	MD. ST AGNE		CATON & WILKENS
REMOVAL	Hipecily)	C. NAME OF CEMETERY OF CRE			own, or county) (State)
Buria		Lake View Memor	ial Park Syko	esville, Md.	Carroll Co.
25A. DATE REC		ME OF REGISTRAR			RoadAddress 21133
SEP	THE VALUE OF THE PROPERTY OF T	alle, 40.	Loring Byers F	uneral Direct	ors n A
VS 150-REV. 1/1					



EYE

BANK CAL

b	0 1014		BALTIMORE CITY	HEALTH DEPARTMENT	J=1			
	7-500 /1.	8795	CERTIFICA	TE OF DEATH	REG. NO.	8795		
1. NAME OF DECEASED (Type of Print) BOWEN, JAMES L Sr. 2. DATE AND HOUR OF DEATH SEPTEMBER 15, 1971 10								
	BUWEN,			SE PT	EMBER 15, 1	971 10:30A.		
3.	PLACE IN BALTIMORE, MARY	LAND, WHERE PR	RONOUNCED DEAD	A. STATE B. COU	nere deceased lived, If inst INTY	itution: residence before admission)		
H H	JLL NAME OF (IF NOT IN ADDRESS STITUTION	HOSPITAL OR II	NSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALT I MORE	E CITY LIMITS?		
	/ / CT A	CNEO 110	001741	RANDALLSTOW		YES NOX		
	4-0 SI. A	GNES HO	SPITAL	E. STREET AND NUMBER BOX 359 D-1	MARRIOTTSV	ILLE RD 21133		
	SEX 6-RACE WHITE		WED DIVORCED	07/30/96	75	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10/	L USUAL OCCUPATION (Give ki	ind of work 108, KIN	D OF BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTRY?		
12	RETIRED VALVE	GAS	& ELECTRIC CO			U.S.A.		
	CHARLES BOWEN	OIL		14. MOTHER'S MAIDEN N				
				ANN HALL BO	WEN			
	Was Deceased Ever in U. S. A s, no or unknown) of yes, give we ONE	irmed Forces? or or dotes of serv	vice) 16. SOCIAL SECURITY NO. 212-07-6125	17. INFORMANT	OSPITAL REC	ADDRESS		
-	18. / / / /		CAUSE OF DEAT		OSITIAL KLC	APPROXIMATE INTERVAL		
	DISEASE OR CONDIT	ION DIRECTLY		Dela mar		BETWEEN ONSET AND DEATH		
	(This does not mean the r heart failure, asthenia, etc. 1	mode of dying, it means the disc	e.g., DUE TO, OR AS	SE CONSEQUENCE OF:	1 embali: 5	ugge Ced		
	injury or complication which				1.11			
	ANTECEDENT		(B) (a)		the marine	genral		
	DISEASES OR CONDITION TIME TO THE CONDITION  UNDERLYING CONDITION	se (A) slaling		A CONSEQUENCE OF:	effusias			
			(4/					
ATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELADISEASE OR CONDITION GIVE	TED TO THE TERMI	ING ALL BOOK	myo cardia	memetin	71		
ERTIFICA	19A-DATE OF OPERATION 1	98 CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	10) 20% IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?		
CAL C	21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examina	LYING C	21B. PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If in Baltimore 1	City, give exect location)		
MEDI	21 D. TIME (Month) (Doy) OF INJURY (APPROX.)	(Year) (Hour)	While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?			
	22. I certify that (1) (this !	hospital) attend	ded the deceased from AU	GUST 17	19 71 to SEP	EMBER 15 19 71		
	that (i) (we) last sow the	deceased oilve	on SEPTEMBER 1	5 19 71 ond t		an death occurred on the date		
		ses stated abov	ve. (i) (We) (did) (dld not) v	ew the bady after death.				
	23A. SIGNATURE	18000	- 0	Iding Med.	Staff XXX	3R DATE SIGNED		
	23C. PHYSICIAN'S NAME (Type)	15016	DEGREE	3D. ADDRESS	ORE , MARYLAND	21229		
24/	BURIAL CREMATION, 24B.	DATE 24	IC. NAME of CEMETERY OF CRE	ST. AGNES HO	SPITAL: CATON	& WILKENS AVES		
	Burial 9/	18/1971	Meadowridge Men	morial Park Ho	**	·		
25/	CED ON 1071	Be & E. Jay	Cof AGSTRAR	25C. FUNERAL DIRECTO		Road ADDRESS 21133		
VS	150-REV. 1/1/68		Ca Au	Harring Dag. 2	. runerat Dire	CCOFS, P. A.		

CHARLE CHARLES Refer to the property of the Care of the 

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1	11 1	BALTIMORE CITY HEAD	LTH DEPARTMENT					
7 to 4 d	N-536 71 8796	CERTIFICATE	OF DEATH	REG. NO.	1 8796			
deat deat cease on th	1. NAME OF DECEASED (Type or Print) Heler/ Doris	ANDERVORT	2. DATE AN	D HOUR OF DEATH				
Dec of ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD 4. U	JSUAL RESIDENCE (When	e deceased fived. It insti	tution: residence before admission)			
hose ause b; (5) adance o de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		Maryland	D. INSIDE	CITY LIMITS?			
n a ca ca ca ca ca ca ca ca ca ca ca ca c	Mount Sinai Nursing Home		Baltimore YES NO					
outing led ca ar at prio de.		1215	TREET AND NUMBER 5304 Maple A	venue	21215			
ntrib rmin egule s mac	White WIDOWED	DIVORCED Jar	n. 26. 1918	53	onths Doys Hours Min.			
or con ndeterm rate decectifiants	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU done during most of working life, even if retired)  HOUSOWITE	SINESS OR INDUSTRY 11. BI	Baltimore,		12. CITIZEN OF WHAT COUNTRY?			
de de de de de de de de de de de de de d	3. FATHER'S NAME	14. N	MOTHER'S MAIDEN NAM		0.00			
irect (4) U (4) U h was ispos	Charles W. Hoffmeyer	,	Anna	E. Ireland				
ind; ind; eath e an	Yos, no or unknown! (If yes, give wer or dates of service)	SECURITY NO.	NFORMANT		MapPerave.			
유부 A D SE		The second secon	. Edwin S. Va	ndervort Bal	timore, Md.21215			
nd no	18. / 8 3 . O I DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Also e of noun afte med	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAUSE	axeinoma	1 overy	8 mo			
rtur ctur ar	heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO, OR AS A CON	1SEQUENCE OF:	0				
fra fra	ANTECEDENT CAUSES	metasta	atie to de	ver Perstoner	u u			
exami exami (3) A fr n who in reg is are e	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.	DUE TO, OR AS A COL	INSEQUENCE OF:	٤٦				
dical lical rns; sicia was main	\\\\/							
medic medic burr physian w	E TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A),		*************					
chie y a bod the the ysic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHITE WAS PERFORMED 214. ACCIDENT WAS UNDERLYING 1		A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?			
tal by tal by here	U 21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined etc.	CE OF INJURY leags, in or abount, factory, street, office blo	bout 21 C. WHERE DID Idg., INJURY OCCUR?	(If to Bolilmoro C	City, give exact location)			
atura atura pt w (6) r	OF INJURY  APPROX  APPROX  While A		21F. HOW DID INJU	JRY OCCUR?				
これ アメドヤ	Work  22. I certify that (I) (this hospital) attended the d	L At Work L	98VAY 19	11 10 9/15	1-7/ 10			
of art of art of art of art of art (e al (e be o	that (1) (we) last sow the deceased office on		19_7/ond tho	t in (my) (our) opinio	on deoth occurred on the date			
ed ed ed ont pito	ond hour and from the couses stoted above. (1) (W	e) (did) (did not) view ti	he body ofter deoth.					
must eleas ccide a hos to de al mu	raivaid S. Mallin	Attending   Attending	Med. Director D	Shaff   23	9/16/7/			
0 - 0	23C. PHYSICIAN'S NAME (Type) EIS. KALLINS M.	D 6	DDRESS 000 PARIX	HABA VE	Baltmine hil			
S: (od	KEMOVAL ISpecify	of CEMETERY of CREMATO  nt Olive Cemete		cation (City,	town, or county) (Stote)			
This cer the bod shows: was D.d decease	SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF R			8728 Liberty	Road ADDRESS 21133			
	(C 150 CT) 1/4/2			22100				

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e. Philips

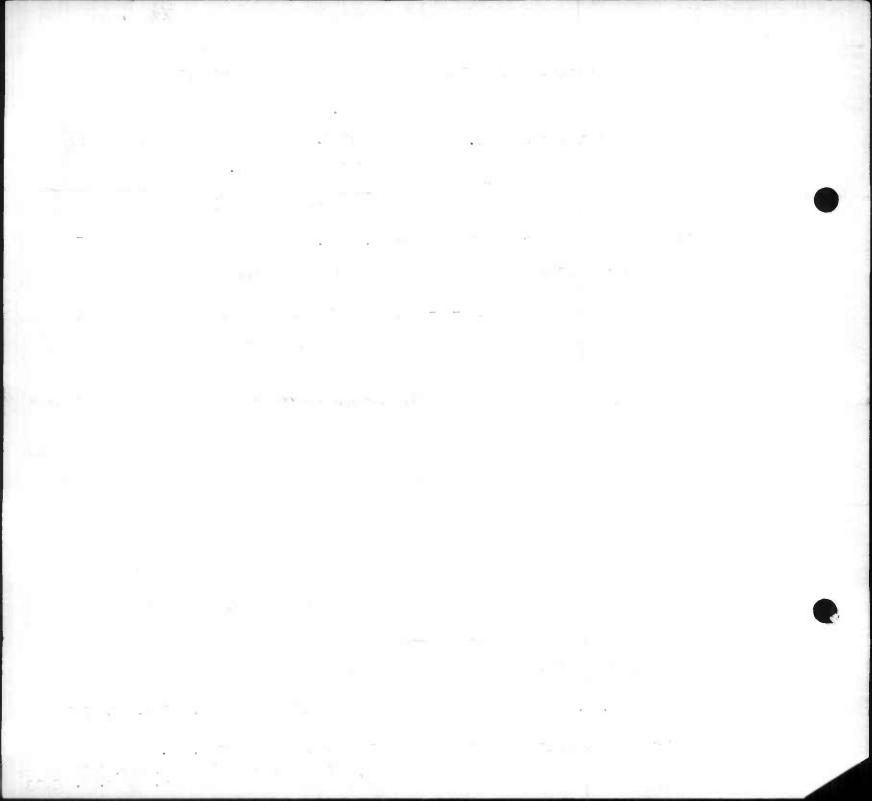
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Written approval must be obtained before the remains are embalmed or final disposition is made.	
						•

	B-136	17/4		BALTIMORE CITY	HEALTH DEPARTMENT		71 8797
BI	RTH NO.	17 8	797	CERTIFICA	TE OF DEATH	REG. NO	- 0701
	NAME OF DECEASED				2. DATE	AND HOUR OF DEATH	
IL.	Minn				Sen	t.18,1971	M.
3.	PLACE IN BALTIMORE	MARYLAND, V	VHERE PRONG	DUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. II i	nstitution: residence before admission)
FLH	ULL NAME OF (IF OSPITAL OR AS ISTITUTION	NOT IN HOSPIT DRESS OR LOC	TAL OR INSTI	TUTION, GIVE-STREET	Maryland c. GIY OR TOWN	Baltimor	e /5 3 8
1	0				Baltimore		YES NO
6	3625 Libe	rty Ute	Amenue		E. STREET AND NUMBER		
5.	SEX 6. RAC		1		3625 Libert	y Hts, Avenu	
			7- MARRIED		8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min.
10/	Female   What occupation	ILLE (Give kind of wor	10B KIND O	total Land	3-6-1883 11. BIRTHPLACE (Stote or fo	88	
do	ne during most of working li	le, even if retired)		Toolites or inposit,	110 BIKINGEACE (21016 OF 10	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	At Home				Carroll Co, 1	Иd	USA
					14. MOTHER'S MAIDEN N	AME	
15	David	Frankl				lusbaum	
(Ye	Wos Deceased Ever In s, no or unknown) (If yes,	give wor or dote	s of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
					Catherine Bu	fter = 3625 Li	berty Hts, Ave
	18.			CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ONDITION DI	RECTLY		1 1	- O	4
	(This does not mean	the mode of	dying, e.a.	(A) IMMEDIATE CAU		Spronley	THE STATE OF THE S
	heart failure, astheric	elc. il meons	the disease	DUE TO, OR AS	CONSEQUENCE OF:	)	
		DENT CAUSES		Cere	bund sele	socia	
	DISEASES OR COM			(B)	A CONSEQUENCE OF:		
	rise to the obove	couse (A)	sloling the	112/1	rdes eler	te Hant	The state of the s
	UNDERLING CONE			(c) 00 7 CC		7/03349	The same of the sa
N	OTHER SIGNIFICANT C	DIDITIONS CO	NTRIBITING				
ATIC	TO THE DEATH BUT NO DISEASE OR CONDITION	OT RELATED TO TH	HE TERMINIAL	*****************			
CERTIFICATION	19A. DATE OF OPERAT	ION 198, CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yos or	No. 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CI	21A- ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF T	21E hon etc.	LPLACE OF INJURY (e.g., in ne, farm, foctory, street, off )	or about 21 C. WHERE DID	(If In Boltimor	e City, give exact location)
	21 D. TIME (Month) OF INJURY	(Doy) (Yeorl	(Hour 21E	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
8	(APPROX)		Wh	ile At Work	П		
	22. I certify that (1)	(this hospital			1-1-1-1-1	10/6/	8, St 16 - 71
	that (1) (we) last so			Left KK	19.21 ond 1	1965 to	
				1) (W-) (414) (414			nion deoth occurred on the date
ond hour and from the couses stated above. (i) (Wa) (did) (did-not) view the body after death.							
	Same	I P.	li	In D Atten	ding [7] Med.	Staff [7]	23 R. DATE SIGNED
	23C-PHYSICIAN'S NAME (Typel			DEGREE Phys.	Director L	Phys. L.J	1 4/14/1/
		hin M T			203 But	wedge a	ne h ll 1 1
24A	Samuel Ruine Burial CREMATION, REMOVAL (Specify)	24B. DATE		AME of CEMETERY OF CREA		LOCATION (Cit	+ano, mi
	REMOVAL (Specify)	9-21-7	_				ly, lown, or county! (Slote)
	DATE BECD BY HEAT			uid Ridge Cen	25C FUNERAL DIRECTO	altimore, Ma	
	SEP 21 1	11 Vale	B & Ja	Ben K.D.	1 441		ADDRESS
VS	150-REV. 1/1/68				At macost F	uneral Chap	el-4600 Liberty Hts

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11	M-240	1714 Omic	.0	BALTIMORE CIT	Y HEALTH DEPARTMENT	,-	71	2798	
BI	RTH NO.	010	30	CERTIFICA	ATE OF DEATH	REG. NO		0700	
	NAME OF DECEA				2. DATE	AND HOUR OF DEATH			
1 2	PLACE IN BALTIA	Percy	Thomas	Moxley		9/17/71		M.	
"	PLACE IN BALIIA	AORE MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	here decoosed lived. If in UNTY	stitution; (	residence before admission)	
II H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INS	TITUTION, GIVE STREET	Md. C. CITY OR TOWN	D. INSI	DE CITY I	IMITS?	
	1	3310 Ly	ndale	Ave.	Bal to . E. STREET AND NUMBER		YES 🔀	_	
		v			II				
5.	SEX 6.	RACE	7. MARRIE	D NEVER MARRIED	3310 Lyndale	9. AGE (In years	If Unde	pr 1 Yr. , If Under 24 Hrs.	
	M	W	WIDOWE		4/28/08	lost birthdoy)	Months	Doys Hours Min.	
10/	LUSUAL OCCUP	TION (Give kind of work			Y 11. BIRTHPLACE (Slote or fo	oreign country)	12. CIT	ZEN OF WHAT COUNTRY	
do		king life, even if retired)		7		THE PARTY OF THE P		,	
13.	Blueprin		uarden	Reproduction	14. MOTHER'S MAIDEN N	AMF			
		James Moxle							
15.				1 6. SOCIAL	Lucy Blac	kburn		4000000	
(Ye		er in U. S. Armed For yos, give wor or dote	s of service					ADDRESS	
-	no			228-10-0772 CAUSE OF DEA	Elinor Mo	xley (wife) s	ame :		
	T / ×	OR CONDITION DI	ECTIV			1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	LE	ADING TO DEATH	RECILI		endine mr	ert		minis	
	(This does not	mean the mode of	dying, e.g	(A) IMMEDIATE CA	A CONSEQUENCE OF:			************************	
	heart foilure, asthenia, etc. It means the discose, injury or complication which caused death.)								
	ANTECEDENT CAUSES Arteriost lentri heart diserse								
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:  """  """  """  """  """  """  """								
	UNDERLYING	CONDITION last.	slaling Ih	(C)					
		11	·	n.cumer	A-				
NO NO	OTHER SIGNIFICA	NI CONDITIONS COL	NTRIBUTING	16-	1.5	hart forta	.	7	
AT	IDISEASE OR CON	UT NOT RELATED TO THE	(A).					2715	
CERTIFICATION	IVA-DATE OF OF	PERATION 19B. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or )	No. 208 IF YES WERE F	INDINGS ISES OF	CONSIDERED DEATH?	
20 7	21 A. A CCIDENT OR CONTRIBUTION	WAS UNDERLYING	21	B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If In Boltimore	City, giv	e exoct location)	
5	DEATH (notify me	dicol exomined	et	د)	mas stage integral of cook;				
MEDI	OF INJURY	ionth) (Doy) (Year)		& INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
	(APPROX.)		l W	/hile At Not Wh /ork At Work	· 🗆				
	22. I certify the	it (I) (this hospital	attended	the deceased fram	1/21	19 <u>53</u> to	9/	17/7/ 19	
		st saw the decease				-		th accurred an the date	
	and have ond fr	am the causes stat	ed above.	(I) (We) (did (did mat)	view the body after deoth				
	23A. SIGNATURE	1					23B, DAT	E SIGNED -	
		mas	*	DEGREE	ending Do Med. Director	Staff Phys.	0	1/17/71	
	23C. PHYSICIAN'S NAME (Type)			DEGREE	23D. ADDRESS	-			
		Dr. M. Fri	edman	DEGREE	5211 H	arford Rd. Ba	Ito-	Md. 2727 h	
24A	REMOVAL (Spec	TION, 24R DATE	24C.1	NAME of CEMETERY OF CR			, lown, o		
	Burial	9/20/7	ו די	forel and Memor	ial Cemeter	Dalla Ma			
25A	DATE REC'D BY		268. PRAME	OF REGISTRAR	25C FUNERAL DIRECTO	Balto Md		ADDRESS	
	oth XI	DI UGOLUS	- 4000	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	denimmek	Funeral Home	s, In	1to Md 21212	
VS	150-REV. 1/1/68					Tigit	Del	Ito Md. 27273	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. THE OF SPRINGATE DR 84 IMPORTANT APPROVAL HAS BEEN RELEASED ON FUNERAL DIRECTOR: VOKRAL MARY OF BODY THE

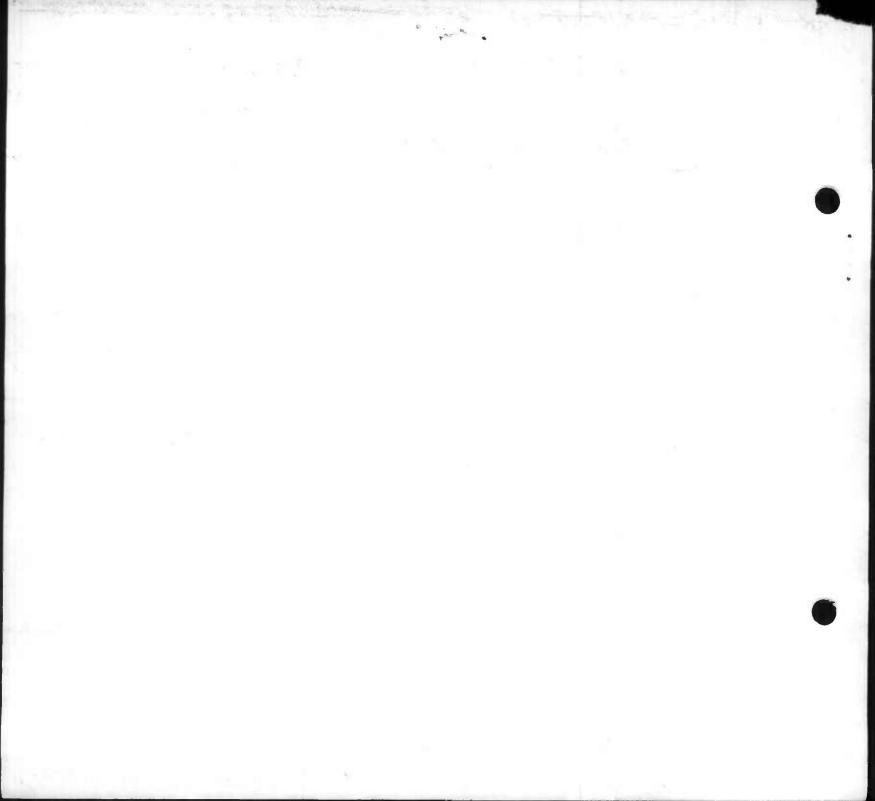
,	V-) 6	4				HEALTH DEPART		BEC NO	71	3799
BIF	H NO.	1 17	11 01	200	CERTIFICA	TE OF DE	ATH	REG. NO		
	AME OF DEC	EASED	- 0	133		2	DATE AN	D HOUR OF DEATH		15/
шу	pe or Print)	Vok	BH/	-	MARY	F	91	18171		313/1
3.	PLACE IN BAL	TIMORE, MA	RYLAND, WI	HERE PRONOU	NCED DEAD	4. USUAL RESIDE	NCE (When	e deseosed lived. Il in	stitution; re	esidence before odmission)
FU HO IN	LL NAME OF SPITAL OR STITUTION				TION, GIVE STREET	C. CITY OR TOWN	N. 7	PORT ST	DE CITY L	IMITS?
J	shus Hopk	INS HO	iso.			BALTO.	Md.	21205	YES J	NO 🗆
2	BROAdwa	y +m	SMUMEN	+ Sts.		E. STREET AND N	NUMBER	A	124 6	
-	7.3					SAME	= m	5 /		
D. :	F	6. RACE	)	MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	179	9. AGE (in years last birthday)	If Unde Months	Doys Hours Min.
A01	USUAL OCCU	PATION (Giv	kind of work	OR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote ar forei	gn country)	12. CITI	ZEN OF WHAT COUNTRY?
	House D		an it retired)	ad bas		Czecho	oelow	akia		0
	FATHER'S NAM			at hor	ne					U.S.A.
	47	_	,			14. MOTHER'S MA	AIDEN NAA	AE		
	JAMO	25 XX	SONO	Pavli	k	BARB	APA			
15.	Was Deceased (,no or unknown)	Ever in U. S.	Armed Force	es?	6. SOCIAL	17. INFORMANT	11-11			ADDRESS
	, or olikilowill	in yes, give	Mot of dates		711 5	in				
_	30			<u> </u>	119:30-284	Lilli.	an B.	Owings, d	aht.	above
	18.	7	4-7		GAUSE OF DEATH	1				APPROXIMATE INTERVAL
			OITION DIRE	The second second	1 X X	( )		6.	T	211
		LEADING T		2	TANIMMEDIATE CAU	SE Pirre	wer	rea.		- Lolans
	(This does no heart failure,	ol meon ine	mode of (	dying,		A CONSEQUENCE O	F:	***************************************	0	A D-
	injury ar cam	plicalian wh	ich caused	ieath.)	i } Wa	0 —	1	1 - 11	>duf	CANCOD
	ANTECEDENT CAUSES A STATE A STATE AND A ST									111
	DISEASES O				DUE TO, OR AS	A CONSEQUENCE	ممع	1 lactus	4	Juknous
	rise la lhe	abave c	ause (A)	sigling the	2 000 000	2 CONSEQUENCE	OF:	11		01
	UNDERLYING	CONDITIO	N last.		gcy tx	- Hame	vua	& (Tup)		Lays
		- 11			3 1		7111			
ON	OTHER SIGNIFI	CANT COND	TIONS CON	TRIBUTING					- 1	
ATI	TO THE DEATH DISEASE OR CO	I BUT NOT RE	LATED TO THE	TERMINAL		***********************				
Ü	19A-DATE OF	OPERATION	198 COND	TION FOR W	HICH OPERATION	20A. AUTOPSY?	(Yes or No)	208 IP YES WERE F	INDINGS	CONSIDERED
CERTIFICATION	O 1/2		WAS PERFO	RMED	_	1/2		208 IP YES, WERE FIN CERTIFYING CAL	ISES OF D	EATH?
ö	21A. ACCIDEN	T WAS UND	ERLYING	21 B. P	LACE OF INJURY (e.g., in	ot about 21 C. WRF	RE DID	lif in Rollimass	Clhradus	exoct location)
CAL	21A. ACCIDEN OR CONTRIBUT DEATH Inotify	TING CAU	SE OF	hom e,	form, factory, street, oli	ice bldg., INJURY O	CCUR	1. 0 1	cony, give	exoct ideation;
0	2000				Home		20	10 1 mil .	Kt	
	OF INJURY	(Month) (D	(Yeor)		NJURY OCCURRED	21 F. HOW	ענאו סום א	RY OCCUR?	1	
-	(APPROXI	9/15	171	While		IN PH	tel	Lown S	ten	("
	22. I certify t	has (IX (thi	hospital)	attended the	deceoped from	0/12	3/	71. 01	1	7/
	that (V (we)				Q//S	1/-5/		7	1.5	19/
- 1				100	1110	19/_		t la (my) (our) opin	lan deot	h occurred on the date
	and hour and	from the co	uses state	d abave. (1)	(Well (did nat) vi	ew the body afte	r death.			
	23A, SIGNATUR	E	1/4/						23B, DATI	SIGNED
		11///	VTO	wen	1 Dham	ding Med.	- T	hys.	9	118/71
	23C. PHYSICIAN NAME (Ty	42	111	/ ^	DEGREE	3D. ADDRESS		Пува	//	10//
	NAME (I)	pel	NIH	alke.		COLA	17	= (/. ~	. /	/
244	BITPIAL COPA	J/	0.475		DEGREE	60111	V. 15Y	road way		
-70	REMOVAL (SE	ecily)	DATE	24C.NAA	ME of CEMETERY OF CRE	MATORY	24D. LO	CATION (City	, lawn, or	county) (Stote)
	Buri		9/21/	71 Bol	nemian Nat.			ltimore,		
25A	DATE REC'D	4	DEPT.	SB. NAME OF	REGISTRAR			uneral Ho		ADDRESS
	SEP 21	1971	Jane 15	_ العلاد	Array (1)	penimu	nek F	uneral Ho	me, 1	inc.
/5	50-REV. 1/1/6		V 10			3331	Dreil	ms Lane		

10 100 - 1

# FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH al and death the Such (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo 9 hospital of death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before admissional A. STATE

B. COUNTY ance COUSE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HIMOR HOSPITAL OR C. CITY OR TOWN cause; attend D. INSIDE CITY LIMITS? 0 O SAltimore YES 🖳 NO <u>.</u> prior contributing E. STREET AND NUMBER occurred is made. BREITWER etermined 08 regular 5. SEX 6. RACE & DATE OF BIRTH 9. AGE (in years If Under 1 Yr. MARRIED NEVER MARRIED Il Under 24 Hrs. deceased Hours lost birthdoy WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? isposition 2 done during most of working life, even if retired) Ond 0 DINES. TIMORE Was 13. FATHER'S NAME the MOTHER'S MAIDEN NAME 4 ARK 19 W eath O kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) of yes, give wor or dotes of service) 0 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance 2-8754 OF WWW TH any 18. // pronounced or GAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH A SO. DISEASE OR CONDITION DIRECTLY of embaimed LEADING TO DEATH A)IMMEDIATE CAUSE fracture (This does not mean the mode of ing, e o disea o(h.) DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. It means regular examiner. injury or complication which caused ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF: are 4 DISEASES OR CONDITIONS, if y gi lating giv 3 rise to the above cause (A) an remains UNDERLYING CONDITION last MOS burns; physici CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE physician DISEASE OR CONDITION GIVEN IN PARTA (AL the Body 198. CONDITION FOR WHICH OPERATION WAS PERFORMED the 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B, IF YES. WERE FINDINGS CONSIDERED 0 IN CERTIFYING CAUSES OF DEATH? by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF the 3 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? where (If In Boltimore City, give exect location) to the hospital °Z MEDICAL DEATH (notify medical examined any nature; must be obtained 21 D. TIME OF INJURY (Monthi (Day) (Yeari (Haus) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except ; and (6) approved Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and that in (my) (evi) opinion death occurred an the date 0 hospital death) was released and have and from the causes stated abave. (1) (We) (41d) (did nat) view the bady after death. accident 23A. SIGNATURE his certificate must 23B, DATE SIGNED Attending [ Med. Staff 0 written approval Phys. Director \_\_\_ 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at An DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY D.O. deceased 24D. LOCATION (City, town, or county) he body shows: 109KY/AND STERIN METERY Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME QE, REGISTRAR 25C. FUNERAL DIRECTOR MBRUSE INC. 1328 VS 150-REV. 1/1/68

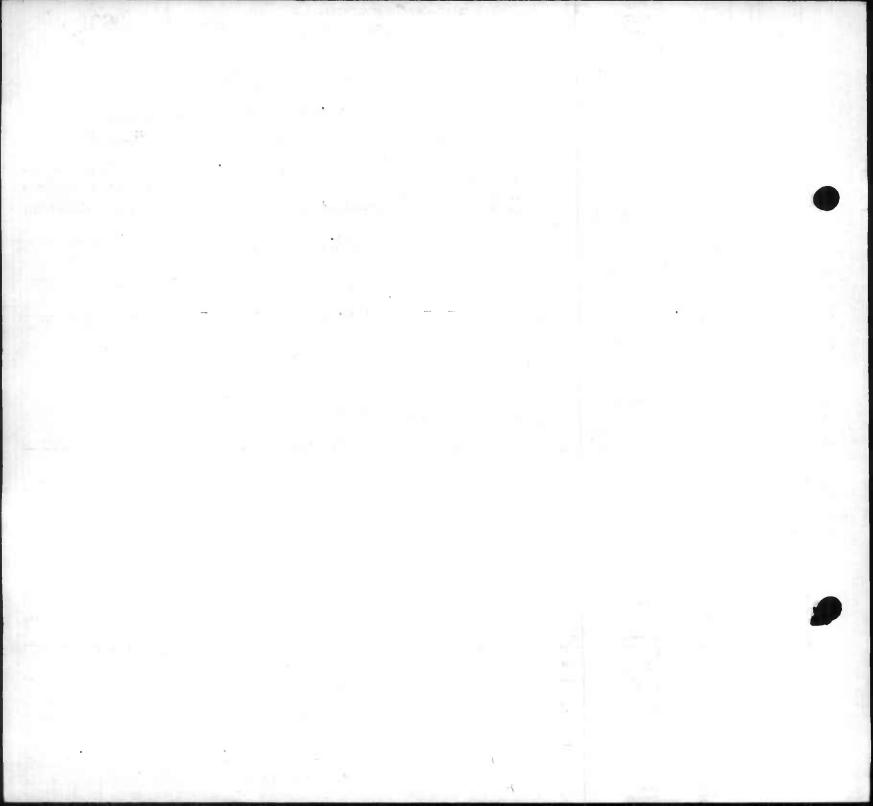


### FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This cortificate must be approved by the chief medical examiner or his assistant if death occurred in

VS 150-REV. 1/1/68

1	11 122	BALTIMORE CITY	HEALTH DEPARTMENT	-	71 8801				
BIR	U-62371 8801	CERTIFICA	TE OF DEATH	REG. NO	2 8801				
1. N	AME OF DECEASED EUNICE LEE WP16	å b. dinn		NO HOUR OF DEATH	2.00 P				
			SEPT.	18,1971	3:00 Pm				
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU		A. STATE B. COU		stitution: residence before admission)				
HC	LL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION ADDRESS OR LOCATION)	THON, GIVE STREET	C. CITY OR TOWN	In INSI	DE CITY LIMITS?				
IN			Baltimore	J. 11431	YES NO				
SI	DUTH BALTIMORE GENERAL	HOS PITAL	E. STREET AND NUMBER		123				
10	+3		3717 Brookl	un Ave.					
5, 5	EX 6. RACE 7. MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.				
	I WHITE WIDOWED		July 8. 1889	lost birthdayl	Monins Days Hours Min.				
104	USUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE (State or for	reign country!	12. CITIZEN OF WHAT COUNTRY				
don	during most of working life, even if refired)		1/		115.4				
	Housewife Home		Va.	AAAE	USA				
				,					
	William Mason		Gertru	de (Taylon)	)				
15. (Ye	Was Decomped Ever in U. S. Armed Forces? 1, no or unknown)[Uf yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	0	ADDRESS				
	No.		Mrs. Lillian	Maryal - N	7ma as # 4				
_	18. 4/ / 7 31	CAUSE OF DEAT	H Tross Economic	TWENT - 20	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	/ANMMEDIATE CAU	ISE CAPDIORES PIRATORY DISTRESS 2 MINS.						
	(This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease.	DUE TO, OR AS	A CONSEQUENCE OF:						
	inlury or complication which coused death.								
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  (B) SEVERE EMPHYSEMA OF LUNGS  DUE TO, OR AS A CONSEQUENCE OF:								
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	·					
	rise to the above cause (A) stating the UNDERLYING CONDITION task.	(c) MY	CARDIAL 15	CHEMIA					
	1	(-)							
NOLL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	PEPTI	¿ ULCER						
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198 CONDITION FOR WAS PERFORMED	YHICH OFERATION	20A-AUTOPSYT (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
-	OR CONTRIBUTING CAUSE OF hom	e, form, factory, street, of	n of about 21 C. WHERE DID	(If in Boltimor	e City, give exact facation)				
CA	DEATH (notify medical examine)								
MEDICAL	a a saldies	INJURY OCCURRED	21F. HOW DID I	JURY OCCUR!					
\$	IAPPROX.) Whi	le At   Not While	• 🗆						
	22. I certify that (1) (this hospital) attended the deceased from 9-9-7/19 ta 9-18 19-7/								
	that (1) (we) lost saw the deceased alive on 9-16 19-71 and that in (my) (our) opinion death occurred on the date								
	and hour and from the couses stated obove. (1) (We) (did) (did not) view the body after deoth.    238, DATE SIGNED								
	1. /	Alla DEGREE Phy	anding Med. Director	Staff Phys.	9-18-71				
	23C. PHYSICIAN'S NAME (Type)  NEUSUN R. DE LARA DEGREE SOUTH BALTIMORE GENERAL HOSPITAL								
24		ME of CEMETERY OF CR		LOCATION (C	ity, town, or county) (State)				
	0 1	ar Hill Cemet		Q.11	As I				
25	A. DATE REC'D BY HEALTH DEPT. 258. MAMA	ar Hill (emet	25C. FUNERAL DIRECTO	Balto.	ADDRESS				
	THE SA ADDRESS OF THE PARTY	TACK ()	ALA 7 0017	FI D. L	71- 11.125				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased certificate must be approved by the chief medical examiner or his assistant if death occurred in

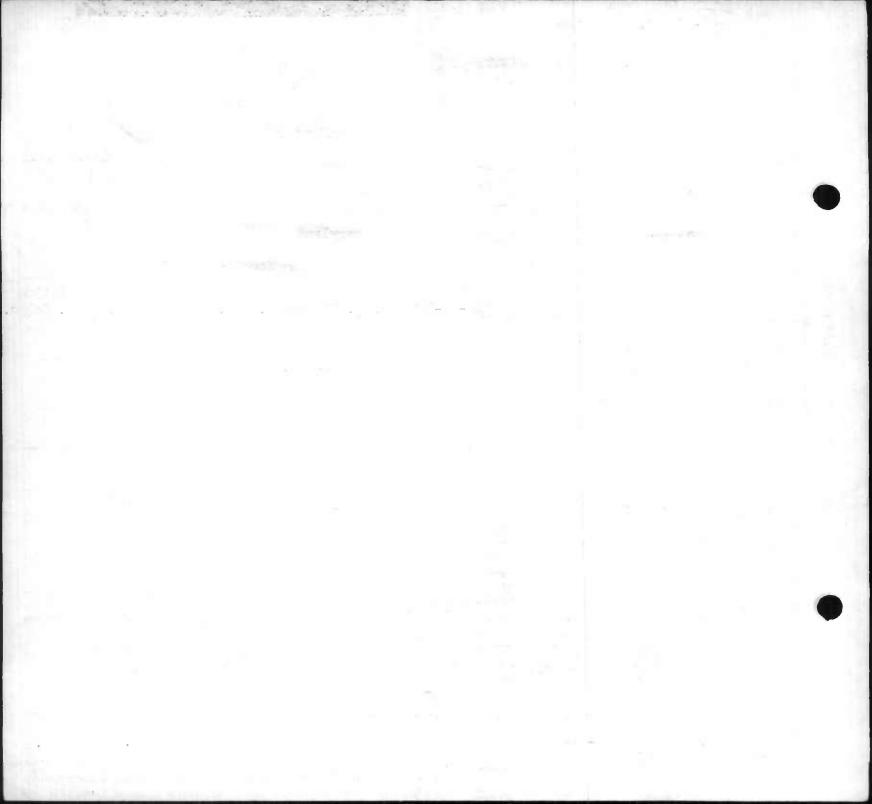
C - 150	BALTIMORE CIT	Y HEALTH DEPARTMENT		20			
S-552 71 8802	CERTIFICA	TE OF DEATH	reg. no. 71 88	UZ			
1. NAME OF DECEASED (Type or Print)		2. DATE A	D HOUR OF DEATH				
SHEMENSKI, JULIA		9-17-	71 1:PM	1:P ~			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	te deceased lived. If institution: residence t	before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAND	//	02			
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY LIMITS?				
Mercy Hospital		Baltimore	YES X	10 🗆			
77		E. STREET AND NUMBER					
3/		808 St. Paul	St.				
5. SEX 6. RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   II Under 1 Yt. , II Under 24 Hr					
Female White WIDOW		77.06		lours Min.			
OA. USUAL OCCUPATION (Give kind of work 108, KIND		7-1-06	gn country) 12, CITIZEN OF W	VHAT COUNTRY			
done during most of working life, even if refired)		110 41111111111111111111111111111111111		*.			
HOMEMAKER		Poland	4.5	.77.			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
JOSEPH SHEMENSKI		KWASY					
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give wor or dates of service	1 6. SOCIAL	17. INFORMANT	ADDRES	S			
ses, no or unknown/lil yes, give wor or dates of service				- 0-			
18. 7 44 14 VI	Q23-18-1553 CAUSE OF DEAT	Louise MADES		MATE INTERVAL			
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, osthenia, etc., it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last.  (A) IMMEDIATE CAUSE Condition of the disease, and the disease,							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1998, CONDITION FOR WAS PERFORMED	V 000	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
WAS PERFORMED		20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
of IDEATH (notific modern) annulus	218 FLACE OF INJURY (e.g., home, farm, loctory, street, o etc.)	n or obout 21C. WHERE DID like bldg., INJURY OCCUR?	(II In Boltimore City, give exact loc	otion)			
21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	·			
	While At   Not While						
Work LI Af Work LI							
13 / 1							
that (1) (we) last saw the deceased alive on							
and haur and from the couses stoted above. (1) (We) (did) (did not) view the body after death.							
23A. SIGNATURE	23 B. DATE SIGNED						
Attending Med. Staff 9-17-7/							
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS							
DEGREE  14A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City town of courts) (Section 124D. LOCATION (City town of courts)							
REMOVAL (Specify)							
BURIAL 9/20/7/ 25A. DATE REC'D BY HEALTH DEPT.  25B. NAN	HOLY CR	25C. FUNERAL DIRECTOR	TELY HWY ADDR	BALTOM			
SEP 21 1971 Jague E. Ja	DEL, M.D.	1 Hala Burg	al Home 4200 Pens	nington 9			
VS 150-REV. 1/1/68							

10/20/71-0 peration performed 4/20/5/
Cause Inleslind Obshudian
Enformalism from teller from
Marry Kospeliel Feled in Bur of Buring

#### FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT								
BIRTH NO.	FICATE OF DEATH REG. NO. 71 8803							
(Type or Print) Randolph William Rouse	2. DATE AND HOUR OF DEATH  917771  00AM.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  A. STATE  B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR	EET Baltimore C.CITY OR TOWN D. INSIDE CITY LIMITS?							
INSTITUTION TO THE TENT OF THE	Fullerton YES NOT							
Mercy Hospital	E. STREET AND NUMBER T244 COYDWELL AVE. Balto. Md.							
5. SEK 6. RACE 7. MARRIED NEVER MARR								
M Cancasian WIDOWED DIVORG	CED 4420 95 100 76 100 100 100 100 100 100 100 100 100 10							
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN done during most of working life, even if refired)	IDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?							
Salesman Meat Packing	Maryland U.S.A							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Mw. Mallace Konse	Sophie Feuchter							
15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or dates of service)  16. SOCIAL SECURITY No.	o. 17. INFORMANT 21.236							
No 216-05-31	126 Mrs. Mildred F. Rouse 4244 Cardwell Ave. Balto							
DISEASE OF CONDITION DIRECTLY	Carcinoma of Parcreas BETWEEN ONSET AND DEATH							
LEADING TO DEATH	MATE CAIRE							
IThis does not mean the mode of dying, e.g., heort failure, astheria, etc. it means the disease,								
Injury or complication which caused death.)								
ANTECEDENT CAUSES (8)								
DISEASES OR CONDITIONS, If any, giving DUE TO	O, OR AS A CONSEQUENCE OF:							
UNDERLYING CONDITION lest. (C)								
OTHER SIGNIEKANT CONDITIONS CONTRIBUTING								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
O THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  10 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION								
	20 st/ww							
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examined)  218. PLACE OF (NJU home, farm, factory, etc.)	RY (e.g., in or obout 21 C. WHERE DID (If in Boltimere City, give exact location) street, affice bidge (NJURY OCCUR?							
21D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCUP								
While At								
22. I certify that (I) (this hospital) attended the deceased from								
that (I) (we) lost saw the deceased alive on	22. I certify that (1) (time respiral) alleman the december from							
and hour and from the couses stated above. (1) (We) (dtd) (dt	and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.							
23A. SIGNATURE	23 B. DATE SIGNED							
	Attending Med. Staff Phys. Phys. Phys. P							
23C. PHYSICIAM'S NAME (Type)								
Willard K. Amoss Min pegase Morch Hospital								
24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER								
Burial 9-21-71 Parkwood Cen	metery Parkwood Balto. Md.							
SEP 21 1971 Pale & E. Jalley, M.D.	250 FUNERAL DIRECTOR 740 Below							
VS 150-REV. 1/1/68	Jastahn Tuneral Horne Balto. 21236							



	1-15-	2 1	8804	1		TIMORE CITY HE						
-	D -/ 0		MED	ICAL	EXA	MINER'S	CERTIFIC	CATE OF	DEAT	H REG NO	8	804
	NAME OF DEC	EASED								KEO; 110.3		
	and an Oninal		DE SEI	MA	DIBT	NSKY	2. DATE OF	Known 4	Month	nber 17,	Year 1 Q 7 1	Hour
4.							DEATH 3. DATE	Estimoted	Month		Year	M. Hour
EH	THE PLACE IN BALLS	TELE	TA HOSPIL	L OR INST	Mokia	NDED	PRONOU		eptembe	Doy er 17, 1	971	10:25 P
	South Ba	799.709			11		A. STATE	SIDENCE (Where	e deceased liv	ed. If Institution: B. COUNTY	residence b	pefore odmissian)
	SEX	7. RACE	e delie.			VER MARRIED	C. CITY OR			D. INSIDE CIT	TY LIMITS?	2 22
F	emale	White		WIDOW	_	DIVORCED	Balti	more		VE	s 🔀	№ □
9.	DATE OF BIRTH	1	10. AGE (In	yeors	If Under I	Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER			3 (-3 )	140 🗀
	v. 26,		58	= 1			2210	Sidney .	Ave.			
	BIRTHPLACE (S	1241.7			12. CITIZE	COUNTRY?	13. FATHER'S	616				
	Berlin	e Ge	rmany		Û	ESS OR INDUSTRY	-W:	alter We	eidema	nn		
dor	Ne during most of w	PATION (Gi orking life, e	ve kind of work ven If relired)	4B. KIND	OF BUSIN	IESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME			
-	Hor	ısewi	fe				E	lizabet	1- Luza	ck		
(Ye	WAS DECEASE s, no or unknown)	(If yes, give	wor or dotes	of service)	? 17. 5	OCIAL ECURITY NO.	18. INFORM	ANI		AD	DRESS	
<u> </u>	No				20			nard E.	Dubin	ski (s	ame)	
	32	33 L				CAUSE OF DEA		ningitis	(Pnoum			PROXIMATE INTERVAL EEN ONSET AND DEATH
			DITION DIREC	CTLY		1 41 6						
			EADING TO DEATH of meen the mode of dying, e.g., AMMEDIATE CAL					ulent me	ningiti	.8~		
	heart fallure,	osthenio, et	c. It means the	diseose.		DUE TO, OR	S A CONSEQU	ENCE OF:				
		paconon an	icir copied dec	,							34	
	ANTECEDENT CAUSES (B)											
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO, OR AS A CONSEQUENCE OF:											
Z	UNDERLYIN	G CONDI	HON LAST.			(c)						
Ĕ	OTHER SIGN		11									
CERTIFICATION	TO THE DEA	TH BUT NO	NDITIONS CO	THE TERMI	NG NAL							
E			N 120B. CON		OP WHIC	H OPERATION WA	C DEDECABLE					
3	2)	OI CILITITO	255. CO	DINOIN	OK WHIC	I OPERATION WA	S PERFORME	D				SY? (Yes or No)
AL	22A. EXTERN	IAL CAUSE	WAS	12	2R DI ACE	OF INHIBY/a a	In as about 22	C WAIFE DID	(d . D to		Yes	
MEDICAL	UNDERLYING	OR CON	ITRIB-	ĥ	ome, farm,	OF INJURY (e.g., foctory, street, office	bidg., etc.) IN	JURY OCCUR?	(It in Boltimore	e City, give exoc	t location)	
ME	UTING L CAL		ATH. Doy) (Yeor	(Hour)	122E IN 1	URY OCCURRED	22	E LIOW DID IN	HIRV OCCU	IDA .		
	OF INJURY (APPROX.)		(1001)		WHILE		WHILE -	F. HOW DID IN	JUKT OCCU	K?		
	23.				n. WORK	AT W						
	1 certi	fy that I h	eld on Ir	quiry [	Insp	ection Aut	ODSV X	and that on th	ils basis.	leath in my o	ninian	
	resulte	ed from: , h	lotural cous	· 🗷	Accide					ed manner K	_	
		0	2 1	15	()	. 0		HEF MEDICAL E	The second division in which the second	ou monner A	_	
	ACTUAL SIGNATU	DE (	harles	Ja	Assu	a the		ANT MEDICAL E		$\overline{\nabla}$	ı	DATE SIGNED
	EXAMINE	R'S		,	1	m.b.		IATE MEDICAL E			9-18	_71
	NAME (Ty			. Spr		e, M.D.			VVIIIIAEK I		3-10	-/1
24. RE	A. BURIAL CREM MOVAL (Specify	ATION,	24B. DATE		24C. NA	ME of CEMETERY	CREMATOR	Y 24D. I	LOCATION	(City, town,	or county)	(Stote)
	Burial		9/21/	1971	Arli	ington Na	ational	Cem.	Arlin	gton,	Virgi	nia
25,	A. DATE REC'D E			258. NA	ME OF RE	GISTRAR		NERAL DIRECTO			DRESS	
	SEP 2	7 137	Visite	1 E V	afbery	化事 门	Can of	and I In	once	MONT P	itahi	e Hgwy.,
V\$	151-REV, 1/1/68			1 /	- 1		deof	Reno!	once,			e ngwy Md.21225/
										DOT OTHE	ore!	MICH OFFICE 3/

#### IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. SEP / VS 150-REV. 1/1/68

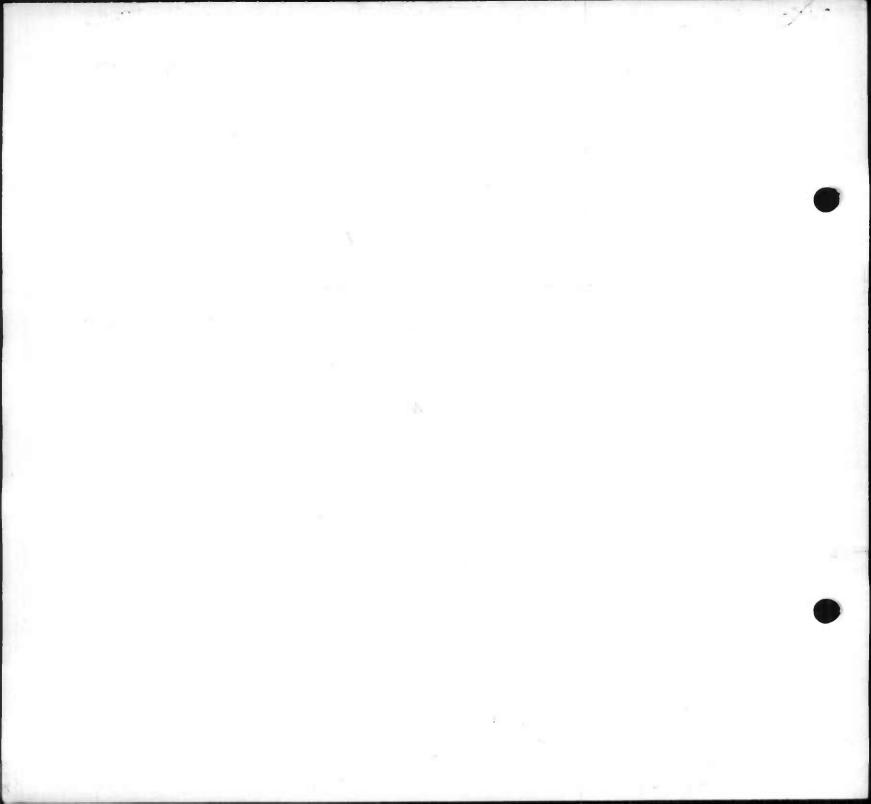
1971

Robert E. Walker

W.D.

6415-13e/ain Ro

4	-/4// 5/2	HEALTH DEPARTMENT 71 8805					
В	IRTH NO. CERTIFICA	TE OF DEATH REG. NO.					
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
	MIKS. DOROTHY B SEVII	4:20 AM 9/20/71					
	L PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission)					
[] }	ULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI  NSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Z	BON SECOURS HOSPITAL.	BALTIMORE YES NO					
		E. STREET AND NUMBER 118 BEAUL MONT AVE.					
5,	SEX 6. RACE 7. MARRIED NEVER MARRIED WILLIAMS MINORES OF THE PROPERTY OF THE P	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months; Doys Hours; Min.					
1	TOTAL TRANSPORTED   DIVORCED						
d	DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even il retired)  HOUSE WIFE.	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
17	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	? 3RODOWSK) ?	Anna Stacia					
(1)	Wes Deceased Ever in U. S. Armed Forces? es,no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS					
L	221-14-5423	Hoyvell Sevil- Same					
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	LEADING TO DEATH  (This does not meon the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	SE CARDIAC FAILURE A CONSEQUENCE OF:					
	injury ar camplication which caused deoth.)						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF: 4 days					
	rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)	A CONSEQUENCE OF:					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
CERTIFICATI	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CALCE	On CONTRIBUTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OW	n or obout 21 C. WHERE DID (II in Boltimore City, give exect location) fice bldg.   INJURY OCCUR?					
MEDI	T(APPROX)	215. HOW DID INJURY OCCUR?					
	Work At Work						
	22. I certify that (1) (this hospital) attended the deceased from	7/16/197/ 19 to 9/20/7/ 19					
	that (I) (we) lost saw the deceased olive on 4/19/71 19 and that in (my) (aur) opinion death accurred an the date						
	and hour ond from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.						
	Phys.	ading Med. Shoff Phys. 23B. DATE SIGNED					
	23C. PHYSICIANS / NAME (Type) 23D. ADDRESS						
2/	A. BURIAL CREMATION, 124B. DATE 124C NAME OF CRASTERY OF CREATERY	BON SECOURS HOSPITAL					
'	REMOVAL (Specify)	MATORY 24D. LOCATION (City, town, or county) (Stotel					
25	ALDATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	15 Cem. SmyRNa Del.					
H	25% HAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					



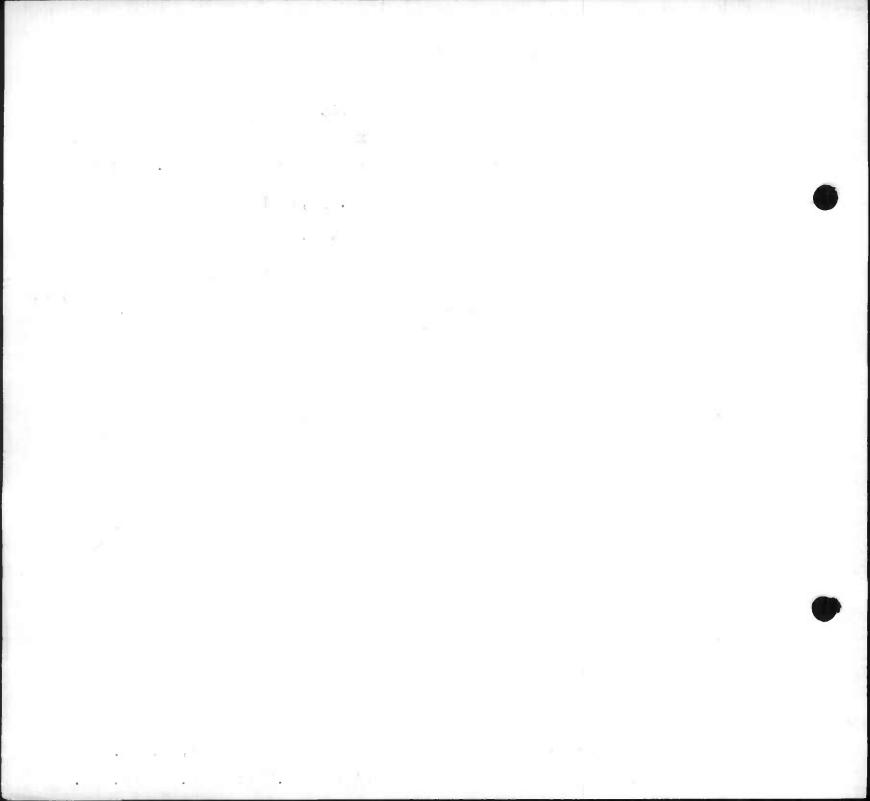
HBD

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1	/ 11 STA COOK BALTI	MORE CITY	HEALTH DEPARTMENT	71 0000	
SIR.	-6/3 /1 8890 CER	TIFICA	TE OF DEATH REG. NO.	+ 0000	
ΙΤγρ	AME OF DECEASED OF PRINTS  KRUPNIK, STEVE		2. DATE AND HOUR OF DEATH SEPTEMBER 18,	1971 11:20Am.	
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceased lived, II i	nstitution: residence before admission)	
FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	STREET	MARYLAND BALTIMORE	21133	
NS	ที่บับท้อง		RANDALLSTOWN D. INS	YES NO X	
	ST. AGNES HOSPITAL		E. STREET AND NUMBER 3801 HE ND ON RD.		
5. S	MORNIED DA MEASTER	ARRIED ORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdow) 04	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
OÁ.	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS O	bond	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	ONSTRUCTION Roofing		POLAND	U.S.A.	
3. 1	FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
JO	DHN KRUPNIK		MARY (unknown ) KRUPNIK		
5. \ Yes	Wes Decessed Ever in U. S. Armed Forces?   16. SOCIAL   16. SOCIAL   SECURITY	Y NO	17. INFORMANT WILKENS AVES	BALTO MD .21229	
	NO 193-09		ST. AGNES HOSPITAL RE	CORDS-CATON &	
	18. ) / / 0 . / 1 CAUSI	OF DEATI		APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY	Co	rdegenic shock	10'	
		MEDIATE CAU	ISE A CONSEQUENCE OF:		
	heart failure, astheria, etc. It means the disease, injury or complication which caused death.)		the coronary thron	bosso 1 hr.	
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, giving	E TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	ant	erisoel, espolisos a	les. 3 grs.	
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Theo	t. pt to-	12 days	
F	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	- sofa	neces rige.		
CERTIFICATION	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPER WAS PERFORMED	ATION	20A AUTOPST? (Yes or No.) 20B IF YES WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
CAL CE	21 A. ACCIDENT WAS UNDERLYING 21B PLACE OF III OR CONTRIBUTING CAUSE OF DEATH (notify medical examined etc.)	NJURY (e.g., i ory, street, of	n or obout 21C. WHERE DID (II in Boltimo	re City, give exect location)	
EDI	21D-TIME IMonth) (Day) (Yees) (Hous) 21E INJURY OC		21F. HOW BID INJURY OCCURT		
8	Mhile At Work	Not While	• 🗆		
	22. I certify that (() (this hospital) attended the deceased	from_S	EPTEMBER 07 19 71 10 SE	PTEMBER 18 19 71	
	that (1) (we) lost sow the deceased alive an SEPTEM	BER 1	8 19 71 and that In(My) (our) ap	Inion death occurred on the date	
	and hour and from the courses stated above. (() (We) (did)	(d)(d)(h)(t) v	lew the body ofter deoth.		
	23A. SIGNATURE / m )	Phys	nding Med. Stoff BS	23 & DATE SIGNED, 9/18/71	
	23 CPHYSICIAN'S NAME (WIPP) De Octor, ma	DEGREE	23D. ADDRESS		
	NAME TYPE OSE OFFICE, MA	20000	CATON & WILKENS AVES.	BALTO., MD.21229	
24/	REMOVAL (Specify) 248. DATE 24C. NAME of CEM	DEGREE ETERY of CRI		City, town, ar county)	
	URIAL Sept. 21, 1971 Holy F		Cemetery Randallstown I	Baltimore Marykand	
	SEP 21 1871 Palent E Jaking MA	0 0	O Loging Byers 3728 Libert		
VS	150-REV. 1/1/68				

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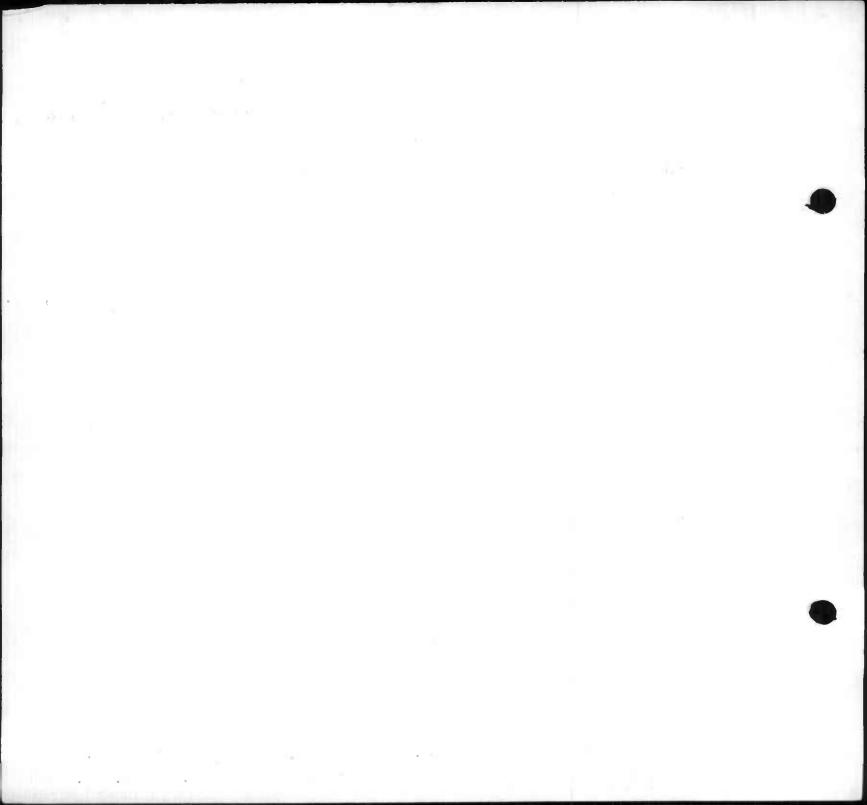
	CERTIFIC	ATE OF DEATH REG. NO. 71 8807
(Ťy	Pe or Print) MRS. Fall Maxwell	2. DATE AND HOUR OF DEATH 9- (8-7)
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FL HO	ILL NAME OF STREET OF STITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN
	MARYLAND COENERAL HOSPITAL	x Clarksburg YES NO €
	info 8	4028 Daffern Rd. Rt. 3 Box 440
5.	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10/	NUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTION of during most of working life, even if retired)	NOV. 30, 1901 69  RY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?
ten approval must be obtained before the remains are embalmed or final disposition is made.  WEDICAL CERTIFICATION	Housewife	W.Va. USA
13.	Renic Ralston	14. MOTHER'S MAIDEN NAME
15.	Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL	Melinda Harden
116	no of unknown) of yes, give wor of dotes of service) SECURITY No. 233-48-418	Clarksburg, W.V BB Davis Funeral Home 443 W. Pike St
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL
	injury or complication which coused death.)	S A CONSEQUENCE OF:
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR A	Wilnuck Dr Clays
	nise to the above cause (A) staling the UNDERLYING CONDITION last. (C)	Metalalle Wasen Concerning to wen
ATI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
RTIF	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL C	DEATH (notify medical examiner)	office bldg., INJURY OCCUR? (If In Boltimore City, give exact location)
ME	21D.TIME (Month) (Day) (Year) (Haus) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not Whi	
- 1	22. I certify that (1) (this hospital) attended the deceased fram	8/10 19/10 1/18 197/
ļ	and haur and fram the causes stated above. (1) (We) (did) (did nat)	19/24/Pland that In(my) (aur) opinion death accurred on the date
	23A. SIGNATURE THE THE M. D. AH	tending Med. Staff Phys. Director Phys. Director Phys.
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
4AP	REMOVAL (Specily) 248. DATE 24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (City, town, or county) (State)
25A	Burial 9/18/71 Greenlawn Date REC'D BY HEALTH DEPT. 258 NAME OF REPISTRAR SEP 21 1971 P. 258 NAME OF REPISTRAR	Clarksburg, W. Va
S	50-REV. 1/1/68	Leonard J. Ruck Inc. Balto. Md.



### FUNERAL DIRECTOR: IMPORTANT

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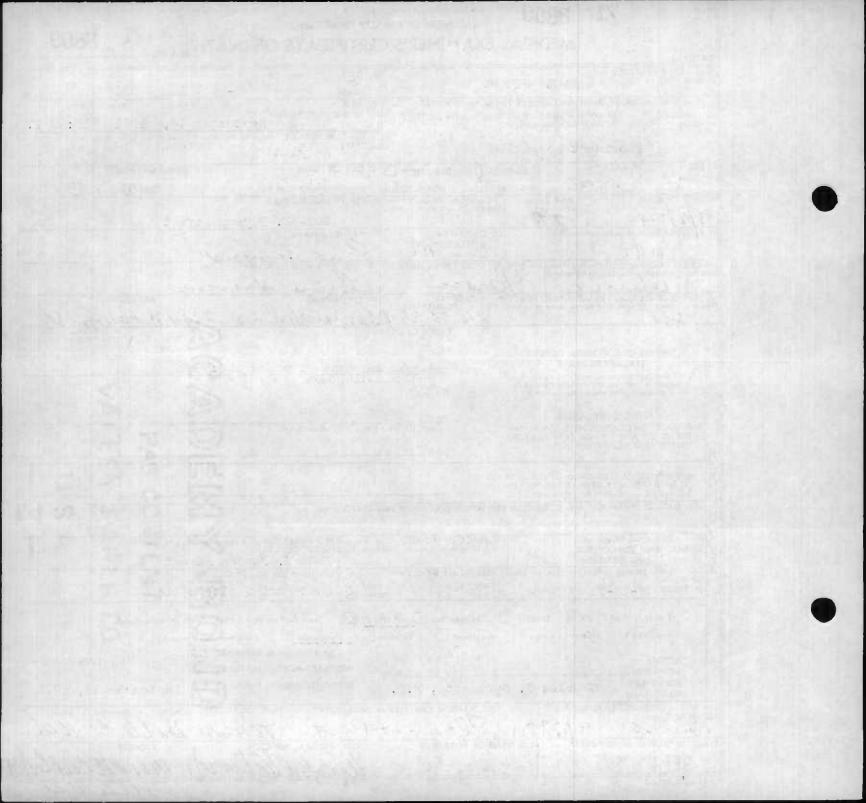
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	352 71 SROS CEPTIFICA	TY HEALTH DEPARTMENT 71 8808
RIDT	TH NO. CERTIFICA	ATE OF DEATH REG. NO. 12 8808
	AME OF DECEASED	
	o or Print)	2. DATE AND HOUR OF DEATH
1 2 8	RICE DINCK	comb 9/18/11 4.16 P M.
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FUL	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md SONE SONE
II HOS	SPITAL OR ADDRESS OR LOCATION)	CONTRACTOR OF TAXABLE
D .		
	UNIVERSITY of MARYLAND HOSPITAL	E. STREET AND NUMBER
1	2 9 V	E. SIKEEL AND NOMBER
5. SE	Py	Kt 1
2. 25	/* MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	F WIDOWED DIVORCED	
10A.	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done	during most of working life, even if retired)	
12 5	Housewife	VA. U.S.A.
	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
	GEORGE L. PRICE	Minnie Chason
15. W	Vos Deceosod Ever in U. S. Anned Forces? 16. SOCIAL	
(Yos,	no or unknown! (If yes, give wer or doles of service) SECURITY NO.	ADDRESS
		F. Philip Stinchcomb Route#1 Marion, Mc
1	18. CAUSE OF DEAT	TH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	USE Left Ventricular aneuryon A CONSEQUENCE OF:
	(This does not mean the mode at dying, e.g., (A)IMMEDIATE CA	USE Left ventracific artery, n
1 1	heart lailuse, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
Ι.		
	ANTECEDENT CAUSES (B) Old	Myo Cardal Infarction S A CONSEQUENCE OF:
- 1	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF:
1	rise to the above cause (A) stating the UNDERLYING CONDITION last.	coronery arteriorillerosis
	(c) Jevent	**************************************
z .		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	thrombos of left mobile cerebol arter
S P		
賣"	9A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ERTUR	1/2/1/ Left Ventricular anlungon	7 7 7 7
. 10	I.A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., bome, form, forlow, street, or	in or about 21 C. WHERE DID (If In Baltimore City, give exact location)
A D	PR CONTRIBUTING CAUSE OF home, farm, foctory, street, a etc.)	THE BIOGRAM OF CHILL
2	ID. TIME (Month) (Doy) (Your (Haut) 21E INJURY OCCURRED	
5 0	of INJURY	21F. HOW DID INJURY OCCUR?
10	APPROX.) While AI  Not While AI Work	
2:	2. I certify that (1) (this hospital) attended the deceased from	
	hat (I) (we) last saw the deceased alive on SePTEM bev 18	
a	and hour and from the causes stoted above. (1) (We) (did) (did nat)	riew the bady ofter death.
23	3A. SIGNATURE	23B, DATE SIGNED
-	Ah	
23	3C. PHYSICIAN'S	
	NAME (Typel	23D. ADDRESS
	AGUSTIN M. FLORIAN, M.D. DEGREE	UNIVERSITY HOSPITAL
24A. I	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	UNIVERSITY HOSPITAL  EMATORY 24D. LOCATION (City, town, or county) IStole)
-	Danie 3	
	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1	erdens Cem Belair, Harford, Md.
EUMa I		25C. FUNERAL DIRECTOR ADDRESS
	SEP 91 1074 TAR AR THE MAR	Leonard J Ruck Inc. Balto. Md. 21214
VE 16		



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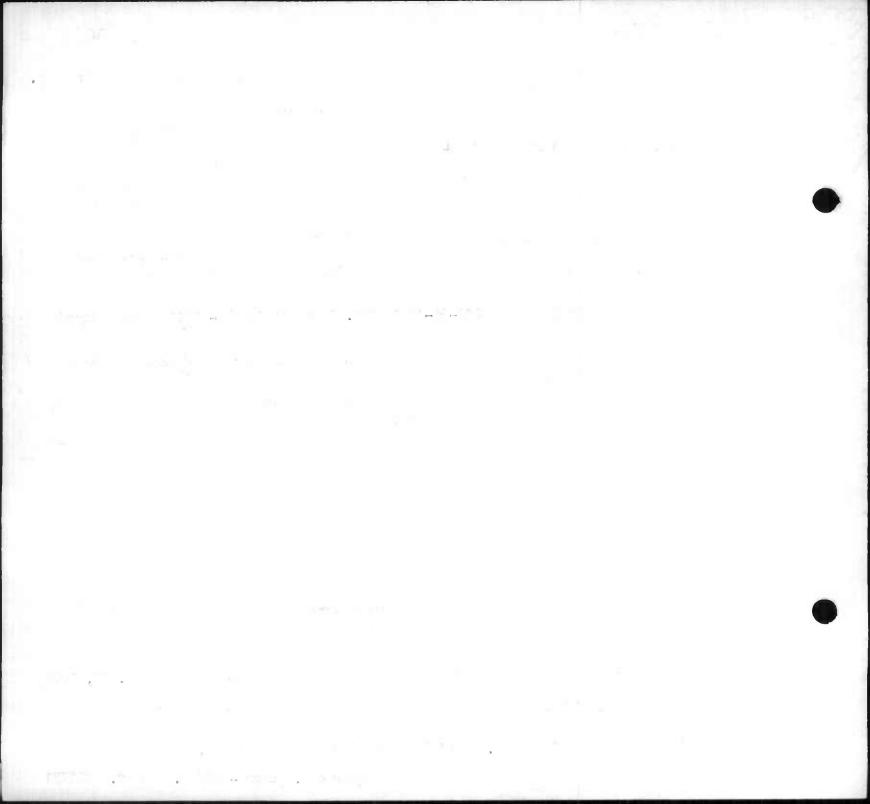
100	
71	880
	CHASE

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 11 8809
I. NAME OF DECEASED (Type or Print) PAUL SIMONS	2. DATE Known A Month Day Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION Provident Hospital	DEATH Estimoted 9- 18 71  3. DATE Manth Day Year Haur PRONOUNCED DEAD September 18, 1971 10:40 P.M.  5. USUAL RESIDENCE (Where deceased lived, if institution: residence before odmission) A. STATE Maryland  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
9. DATE OF BIRTH  10. AGE (in years   If Under 1 Yr. II Under 24 Hrs. Months; Doys; Hours; Min.)  11. BRTH/LACE (State or loreign country).  12. CITIZEN OF WHAT COUNTRY?	TES ICI NO L
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even (frettred)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dates of service)	18. INFORMANT ADDRESS
	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  CAUSE GUNShot Wound of chest  AS A CONSEQUENCE OF:
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	AS A CONSEQUENCE OF:
	AS PERFORMED 21. AUTOPSY? (Yes ar No) Yes
☐ UTING LI CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour)   22E.INJURY OCCURRED	in or about 22C. WHERE DID (If in Boltimare City, give exact location) bldg, etc.) INJURY OCCUR? 2004 N. Payson Street  22F. HOWDID INJURY OCCUR?  WHILE X Shot during altercation
	CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  X  DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of Durial 9/22/11 Pleason	or CREMATORY 24D. LOCATION (City, lawn, or equity) (State) + Rest Tousan, Butte-Co-Well
SEP 21 1977 Pasan & Jankey, M. Dr.	School Chalman 1-1701 Mic Culleh &
VS 151-REV. 1/1/68	Practi Med /



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ARTHON OF ARTHON RATE   CERTIFICATE OF DEATH   RG. NO.		8. 320	271 881	0	BALTIMORE CITY	HEALTH DEPARTME	NT	less a		
Company   Comp	BI	RTH NO.	Inthony Rata	czak	CERTIFICA	TE OF DEA	TH REG. NO	71 8810		
ASSET AND NUMBER  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOPKINS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE JOHNS HOSPITAL OR INSTITUTION, GIVE STREET  THE			ASED	1001	1 11 to	2. 0	ATE AND HOUR OF DEATH			
THE JOHNS HOPKINS HOSPITAL CONTOURNS OR LOCATION TO ADDRESS OR LOCATION TO THE JOHNS HOPKINS HOSPITAL CONTOURNS OR LOCATION TO THE JOHNS HOPKINS HOSPITAL CONTOURNS OR LOCATION TO THE JOHNS HOPKINS HOSPITAL CONTOURNS OR LOCATION TO THE JOHNS HOPKINS HOSPITAL CONTOURNS OR LOCATION TO THE JOHNS HOSPITAL TO ADDRESS OR LOCATION TO THE JOHN	3.	PLACE IN BALTI	MORE MARYLAND	HERETRON	OUNCED DEAD	4. USUAL RESIDENC	E (Where deceased lived, It is	5:50 p.M.		
THE JOHNS HOPKINS HOSPITAL    CAPY OR TOWN   CAPY	II H	OSPITAL OR	IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	MARYLAN	0001111	104		
S. SEX   S. BACE	"				00.07.4.1	11 14 1 1				
AARDER   NEVER MARRIED   NEVER MARRIED   N. DATE OF BIRTH   N. DATE		THE OC	HNS HOPKI	NS HUS	SPITAL	11.1-1	BER MADIN A	14		
AND USEAN DECENTATION (ITS) and of world of the control of the con	5.	SEX	. RACE	7. MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Ye If Under 24 Mar		
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13. FARMET'S NAME   THOMAS				Stee	دا	BALTIM	URIE			
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No.   World Warr I	15.	Was Deceased E	ver in U. S. Armed For	ces?			CCI			
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DEATH (notify medical examines)  DEATH (notify medical examines)	100	19A. DATE OF O	PERATION 198 CONT	STION FOR	WHICH OPERATION	20A. AUTOPSY? IYos	or No. 208, IF YES WERE I	FINDINGS CONSIDERED		
DEATH (notify medical examined)  DEATH (notify medical examined)	E 3	0		ORMED			IN CERTIFYING CA	USES OF DEATH?		
DEATH (notify medical examines)    DEATH (notify medical examines)   DECEMBER   Phys.   D	11 -	IOR CONTRIBUTE	NGI CAUSE OF		PLACE OF INJURY (e.g., in	or obout 21 C. WHERE C	OID (If In Boltimore	e City, give exoct location)		
While At   Not While   At Work   22. i certify that (i) (this hospital) attended the deceased from   Property   2. 19 71 ta   September   19 71 ta   19 71	IJΟ	DEATH (notify m	edical examinar	etc.	)		, n.			
APPROX.)   Work   At Wor	100 A	OF INJURY	Month) (Doy) (Year)	1		21F. HOW DI	D INJURY OCCUR?			
and haur and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME IType)  C. BUST. W.  23D. ADDRESS  24A. BURIAL CREMATION. REMOVAL ISpecify)  Burial  24B. DATE  24C. NAME of CEMETERY of CREMATORY  24C. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  24D. LOCATION  City, town, or county)  15tote)  25C. FUNERAL DIRECTOR  ADDRESS  CEP 21 1571  258. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  CEP 21 1571  258. NAME OF REGISTRAR  256. FUNERAL DIRECTOR  ADDRESS  CEP 21 1571  ADDRESS  ADDRESS  CEP 21 1571  CE	~			We	71 TYORK					
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and haur and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  Colvert C. Best Jr. VIV)  Attending Med. Staff Signed Phys. Director Phys. Sept. 19, 1971  23C. PHYSICIANS NAME IType)  Construct C. Brost Jr. VIV)  DEGREE  23D. ADDRESS  23D. ADDRESS  24A. BURIAL CREMATION, REMOVAL ISpecify)  Burial  9/23/71  St. Stanislaus Cemetery  Baltimore, Maryland  25A. DATE RECO BY HEALTH DEPT. 25B. NAME OF REGISTRAR  SEP 21 1371  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  George A. Weber - 705 S. Ann. St. #21231		that (i) (we) la	st saw the deceased	alive on	September					
23A. SIGNATURE  Color C. Best Jr. WID  DEGREE  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  24A. BURIAL CREMATION, 24B. DATE  Phys. DEGREE  24C. NAME of CEMETERY of CREMATORY  Phys. Degree  24D. LOCATION (City, town, or county) (Stole)  24D. LOCATION (City, town, or county) (Stole)  25D. DEGREE  24D. LOCATION (City, town, or county) (Stole)  25D. DEGREE  24D. LOCATION (City, town, or county) (Stole)  25D. DEGREE  25D. ADTERECTOR BY HEALTH DEPT. (25B. NAME OF REGISTRAR (25C. FUNERAL DIRECTOR ADDRESS (4. Weber - 705 S. Ann. St. #21231		and have and f	rom the causes state	ed abave. (	l) (We) (did) (did nat) vi	ew the bady after de	ath.	and the date		
23C. PHYSICIAN'S NAME 1Type)  CEBEUT C. BYSS, SW. M.  DEGREE  23D. ADDRESS  404N/S HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS  PHYSICIAN'S NAME 1Type)  23D. ADDRESS  404N/S HOPKINS HOPKINS HOPKINS HOPKINS  PHYSICIAN'S HOPKINS  23D. ADDRESS  404N/S HOPKINS  24D. LOCATION (City, town, or county) 15 lote)  Burial  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR ADDRESS  SEP 21 1871 (25C. ADDRESS)  ADDRESS  GEOTGE A. Weber - 705 S. Ann St. #21231		23B. DATE SIGNED								
23D. ADDRESS NAME ITYPE)  24A. BURIAL CREMATION, REMOVAL ISPECITY  Burial  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, fown, or county)  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  ADDRESS  CEMETERY  ADDRESS  ADDRES				into the	Alten Phys.		Staff Phys.	Sept. 19, 1971		
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SEP 21 1971 Casal C. Man Of REGISTRAR 256, FUNERAL DIRECTOR ADDRESS SEP 21 1971 Casal C. M.D. C. M.D. C. Medicine Company (Action of Many 1971)  SEP 21 1971 Casal C. M.D. C. M.D. C. M.D. C. Medicine Company (Action of Many 1971)  SEP 21 1971 Casal C. M.D. C. M.D	24#	REMOVAL ISpe	Cify) 248. DATE	24C. N.	AME of CEMETERY OF CREA	AATORY 2	D. LOCATION (City	y, town, or county) (Stote)		
SEP 21 1377 Passage St. Name of Registrar 25C, Funeral Director Address 421231		Burial	9/23/71	St	. Stanislaus C	emeterv	Baltimore, Mar	cvland		
10000	25A	DATE REC'D BY	Company of the compan	258, NAME (	OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS		
VS 150-REV. 1/1/68		DEL ST	W Variable	· While	MA G D O	deorge A.	Weber - 705 S.	Ann St. #21231		



# This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death FUNERAL DIRECTOR: IMPORTANT

8	B-53	0 7	1 8	811				EPARTMENT DEATH	REC	s. no. <u>7</u>	1 88	11
l c	NAME OF DEC	ROMAI	NE	Ro	ND.			Sept	AND HOUR O	971	1	9.25 A M
3	PLACE IN BAL	TIMORE, MARY	LAND, W	HERE PRONO	JNCED DEAD		LAS SINIE	RESIDENCE IN	here deceased	lived. If ins	stitution: residen	nce before admission)
F	ULL NAME OF IOSPITAL OR	(IF NOT IT	OR LOCA	L OR INSTITUTION)	JTION, GIVE STRE	ET	C. CITY OR	TOWAL			/	602
LUTHERAN HOSPITAL, 730						BAL	JIMORI		D. INSI	YES VES	? No 🗌	
1	ASHBURTO	N ST,	BA	21216	E, MD			ND NUMBER				
5.	SEX	6. RACE			NEVER MARRIE	D C	B. DATE OF		er Stree	yeors .	If Under 1 Y	. If Under 24 Hrs.
	EMALE		RO	WIDOWED	DIVORCE		11/15	124	9. AGE (In last birthday	46	If Under 1 Ye Manths Doys	Hours Min.
96	Housewif	working life, even	nd of work if retired)	108 KIND OF	BUSINESS OR INC	USTRY		ARYLA			12. CITIZEN C	U.S.A.
13	FATHER'S NA	ME	,				4. MOTHER	'S MAIDEN N	AME			
15	Wos Deceased	nown	med Fore	?	1 6. SOCIAL		6-	aret Pa	rker			
(Y	No	lit yes, give w	or or dates	at service)	SECURITY NO. 218-22-680		Mr. B		Bond-13	315 W.		Street
	18.	3,21	1011		CAUSE OF	DEATH					APP	ROXIMATE INTERVAL EN ONSET AND DEATH
		E OR CONDIT LEADING TO	DEATH		ANIMMEDIA	TE CALLS	. HE	PATIC	FAIL	URF		TWO WEE
	I heart toilure.	at meon the r asthenia, etc. I plicatian which	t magns	he disease	DUE TO,	OR AS A	CONSEQUEN	NCE OF:	1-711	-unc		1000 1000
		NTECEDENT			(B)	CH	RONIC	AL	COHOL	ISM		
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ATION	OTHER SIGNIFITO THE DEATH	CANT CONDITION BUT NOT RELA ENDITION GIVE	TED TO THE	FTERMINAL	***************************************							1990-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
CERTIFIC	19A. DATE OF	OPERATION 1	AS PERFO	ITION FOR W	HICH OPERATION	-	20 A. AUTO	PSY7 (Yes or	No. 208 IF YE	WERE FI	NDINGS CONS	SIDERED
CAL	OR CONTRIBU	T WAS UNDER	LYING D	21B. ( home etc.)	PLACE OF INJURY, torm, tactory, str	(e.g., in eet, offic	or obout 21 C.	WHERE DID URY OCCUR?	(18 1	n Baltimare	City, give exact	l locotion)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Day)	(Year)		At At At	D t While Work	21 F.	HOW DID IN	JURY OCCUR	?		
					deceased from	01:		9/7/	_19 71_to.		9/	18/1971
		last saw the c			All Adams	911	5 19	and 1	hat In(my) (	aur) apini	an death acc	urred on the date
	23A. SIGNATUR	RE Caus	es state	d abave. (1)	(We) (did) (did-	not) vie	w the bady	after death	•	16	38, DATE SIGN	MED
	22.5 BUILDER	( 1200)	) (x	In	DEGRE			Med. Director	Staff Phys.		Sep	t 18, 1971
	23C. PHYSICIAN NAME (Ty	A	CAZ		JER.	EGREE	L UTHE	CRAN	HOSPITA	L, B	ALTO,	MD 2121
24	REMOVAL (S	AATION, 24B, D			ME al CEMETERY	or CREM		24D.	LOCATION		town, ar cauni	•
25	Burial	-	1-71		Auburn C	emet	-4	RAL DIRECTO		Ba]	ltimore	Md.
VS	SEP 91	1971 0	Bert	Jaber	At B.	0	73	-Elizabe	1 2	802	Madison	Avenue

11/15/24 24

## FUNERAL DIRECTOR: IMPORTANT

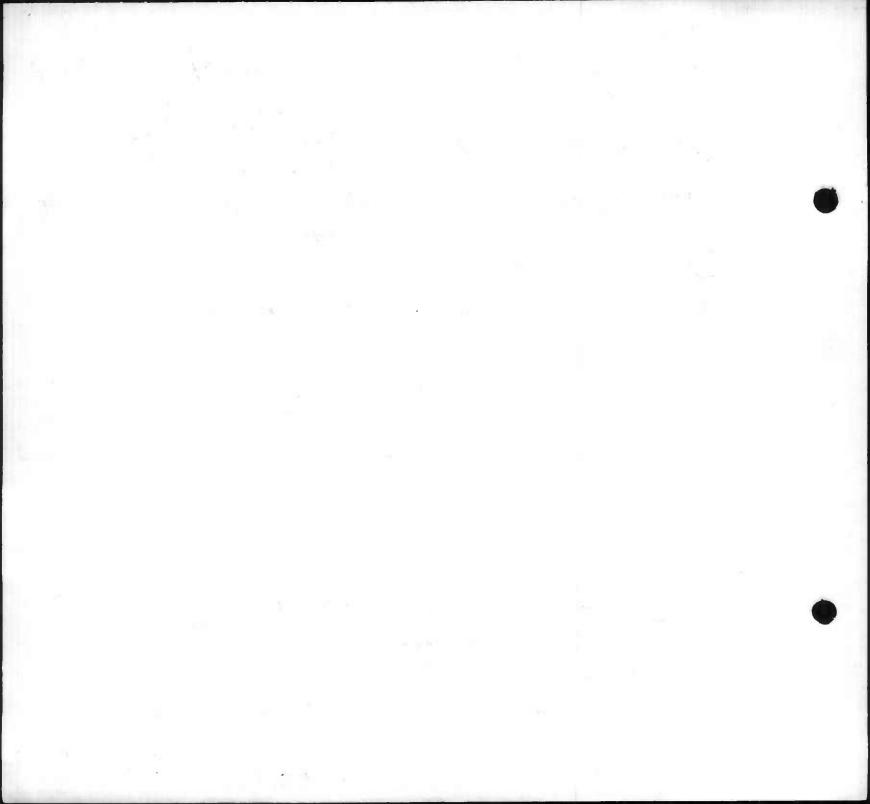
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	0 1 74 9	010	BALTIMORE CITY	HEALTH DEPARTM	AFNT						
1	5-550	276				REG. NO	17/4	981	2		
1.	NAME OF DECEASED	d.	OEKTII ICA				1 1				
1107	TOO OF PAINT SMITH BABY				14 1971	5:40	1				
3,	CERTIFIED AND CE			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before							
F	THE NO. SOLITO CO. TO STATE OF PARTIES OF PA	JTION, GIVE STREET					16/0	03			
#	OBLINE OR STOREZZ OF LUC	A TION)		C. CITY OR TOWN			DE CITY LIMI	TS?			
	JOHNS HOPKINS HOS	PITAL					YES XX	NO [	]		
	CERTIFIC  THE NO. BOLTA CO. TO JA.  CERTIFIC  TAME OF DECLASED  PLACE IN BALTIMORE MARKLAND, WHERE PRONOUNCED DEAD  LIL NAME OF JOYAND AND THE STREET ADDRESS OR LOCATION  JOHNS HOPKINS HOSPITAL  SEX  6. RACE    MIDOWED   DIVORCED     WIDOWED   DIVORCED     LEADING TO BEATH  (This does not mean the mode of dying, e.g., head followe, astherio, etc. It means the disease, lailury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITION S. If any, giving inse to the above cause (A) stoling the UNDERLYING CONDITION ISS.  OTHER SIGNIFICANT CONDITION ISS.  OTHER										
5.	SEX 6. RACE	7. MARRIED	NEVER MARRIED					V. (1.11-	dos 24 Has		
1		WIDOWED	DIVORCED	8/28/7	/ "	lost birthday)	Months Do	ys Hours	Min.		
10.	USUAL OCCUPATION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreig	gn country)	12. CHIZEN	OF WHAT	COUNTRY?		
	to seeing man or working may even it remited.										
13.	FATHER'S NAME										
	James R. Smith			Clara	a Hi	cks					
15. (Ye	Was Deceased Ever in U. S. Armed Fores, no or unknown) (1) yes, give war at date	ces? s of service)		17- INFORMANT			A	DDRESS			
			3200x111 140.								
Г	18. 7 5 0 11		CAUSE OF DEATH	1							
		ECTLY		A.		4		WEEN ONSET	AND DEATH		
	(This does not mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE CARDIORES	SPIRI	ATURY ARK	EST		**********		
	heart failure, asthenia, etc. 11 means	the disease.	DUE IO, OR AS A	CONSEQUENCE OF:							
			PN	Fuggaratia				2 1	nue		
	heart failure, asthemia, etc. It means the discose, injury at camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving		DUE TO, OR AS	A CONSEQUENCE OF	:	***************************************		11/	775		
	(A) IMMEDIATE DUE TO, OR  (A) IMMEDIATE DUE TO, OR  (B)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  Tise to the above cause (A) eletion the	10 POST C	OP TRACHE	0 - ES	OPHAGEAL E	ISTULA	- B1	12 14			
_	11		(9/	***************************************							
5 NO	OTHER SIGNIFICANT CONDITIONS CONTO	NTRIBUTING					ĺ				
CA	DISEASE OR CONDITION GIVEN IN PART	1 (A).	WICH OPPOSITION	1204							
RTIF	WAS PERF	ORMED W	HICH OPERATION	Ves	es of No)	IN CERTIFYING CAL	INDINGS CO	NSIDERED TH3			
U	21A ACCIDENT WAS UNDERLYING	218,1	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE	DID						
₹ C	DEATH (natily medical examined	etc)	s lann, lactory, street, on	ice bidg. INJURT OC	CU K?	• • • • • • • • • • • • • • • • • • • •					
ED	21D. TIME (Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW D	טנאו סוכ	RY OCCUR?					
2											
	22. I certify that (% (this haspital)	attended the	e deceased fram A	VGUST 28	19	7/ to 5E	PTEMBE	R. 14 10	7/		
	that M (we) last saw the deceased	alive an	SEPTEMBER 1	4 19 7/	and that						
A. SECH   SALTHMORE MARTHAND, WHERE FRONDINGED DAD   CONTROL   C											
	23A. SIGNATURE						23B, DATE SI	GNED			
	Basil John	Sitelle	MA DEGREE Phys.	ding Med. Director	S P	haff hys.	SEPT	EMBER	14 1971		
	17 4 -	-							/		
247		ZITEL	LI MID DEGREE	601 N. B	SROA	DWAY BAL	TIMORE	MD	21205		
	REMOVAL (Specily)	24C, NA	ME OF CEMETERY OF CREA	MATORY							
	remation   9/14/	/1 Jo	hns Hopkins			1 N Broad			, MD.		
	SEP 21 1971 Palent	I Jaile	743. 0 O	25C. FUNERAL DI	PI	TAL DISP	OSAL	ADDRESS			

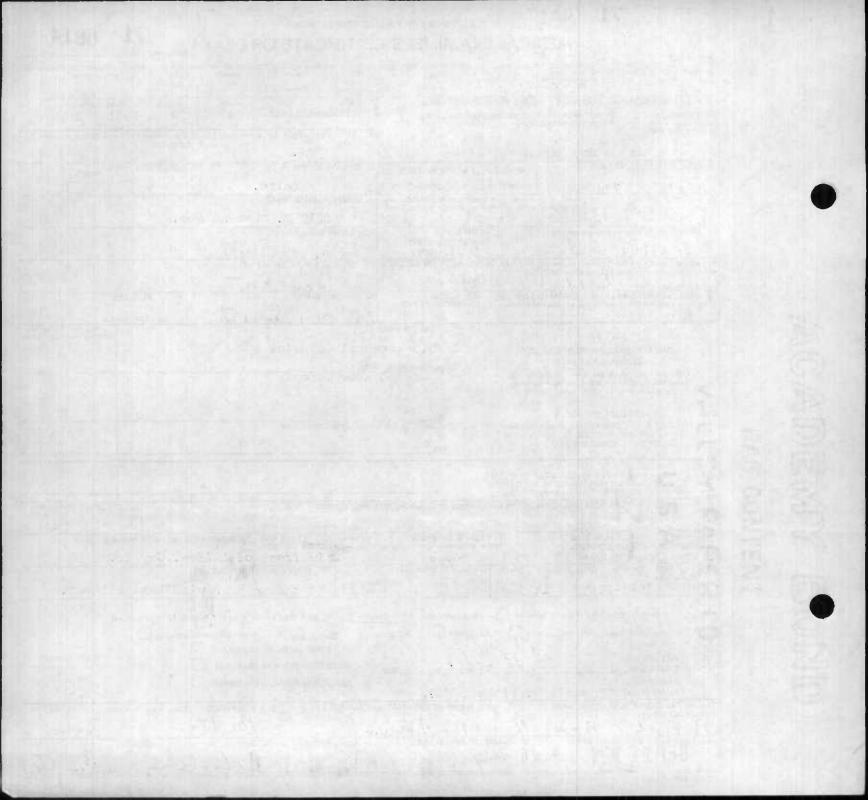
VS 150-REV. 1/1/68

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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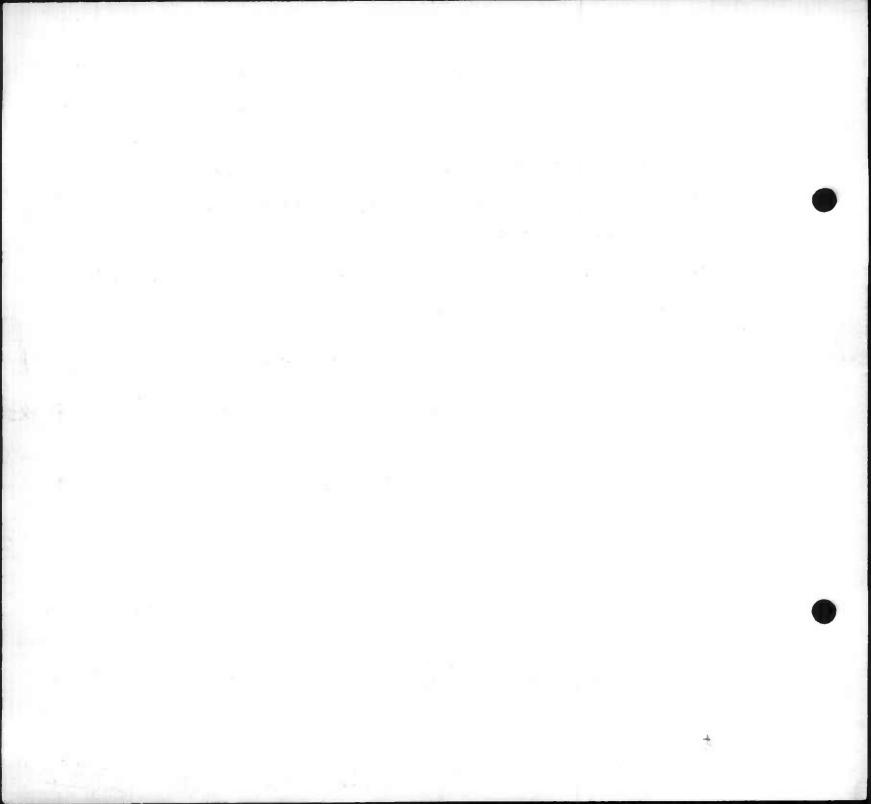
	032:	5			BALTIMORE CIT	HEALTH DEPAR	TMENT		1714	0040	
	BIRTH NO. 7/-	163/1	8813		CERTIFICA	TE OF DE	ATH	REG. NO	1	8813	
	1. NAME OF DECI	EASED	54.	2/	6	9 1	DATE AN	D HOUR OF DEATH	1	7:20	0
	3. PLACE IN MALT	TIMORE MANLA		ONOUNCE	D DEAD	4. USUAL RESIDI	ENCE (Where	deceosed lived. If	institution: r	esidence hefgre n	Hm.
	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN	HOSPITAL OR I			Maryl:	and 3	934	ORS	90	7
3	The	(dop)	cins	Hosp	0,791	Baltin	nore	This . It!	YES YES	NO 🗌	
	00/7/9	U						h Street	,		
	* m	Negro	11100	WED	DIVORCED DIVORCED	8. DATE OF BIRTH	)	AGE (In years ast birthdow)	If Unde Months	Doys Hours	Min.
	10A. USUAL OCCU done during most of w	PATION (Give kind rorking life, even if r	of work 10B, KIN	D OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (S	gote or foreign	in country)	12. CITI	ZEN OF WHAT	OUNTRY?
	12 TATHER'S NAM	NE ( ) E				14. MOTHER'S M		TE O	Tu	7/1	
	Jona	12/5	rooks	2		Aud	rey	5/	20.	hn	
	15. Was Deceased (Yes, no or unknown)	Ever In U. S. Arm (If yes, give war	ed forces? ar dotes of sen		CURITY NO.	17. INPORMANT	Back	er, m.	D.	ADDRESS	
	18.72	6:21			CAUSE OF DEAT	Н	<u> </u>			APPROXIMATE IN	
	1	E OR CONDITION TO DE	EATH		(A) IMMEDIATE CAL	ratory (	Vistr	ess Synd	rome	6 = 1	120
	heart failure, c	of meon the mo asthenia, etc. It	means the dis	e.g., ease,	DUE TO, OR AS	A CONSEQUENCE O	F:	·		~ ~ ~	
		plication which c			Prei	naturi	tu		-		
	DISEASES OF	R CONDITIONS	, if any, g	iving	DUE TO, OR AS	A CONSEQUENCE	of:				
	UNDERLYING	above cause	(A) slating	the	(c)						
	Z	11									
	✓ DISEASE OR CO	CANT CONDITION  BUT NOT RELATE  NOTION GIVEN	D TO THE TERM!	NAL	***********	***********************		************************		******	******
	19A. DATE OF	OPERATION 19B	CONDITION I	OR WHICH	OPERATION	20A. AUTOPSY?	(Yes or No)	20B, IF YES, WERE	FINDINGS USES OF D	CONSIDERED	
	U 121A. ACCIDENT	T WAS UNDERLY	ING	21B. PLACI	OF INJURY (e.g., i	ar obout 21 C. WHE	RE DID	/ 6	,	exoct location)	
ш	DEATH (natify r	TING CAUSE O	r	elc.)	, lactory, street, al	fice bldg., INJURY C	C CU R?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.77		
	S OF INJURY	(Month) (Doy)	(Year) (Haud)		RY OCCURRED	I	N DID INTR	RY OCCUR?			
	(APPROX)			While At Wark	No! While	- CAN	7	(-)	30 (	9-18-	2
		hat (I) (this had			eased from 1:30 A	7 10		10	MW		
						lew the bady afte	and that	In (my) (and opl	nian deat	h accurred an i	the date
	234 SIGNATUR	E	~ /	7	24.0	iow the body dite	n dedin.	- 1	238. DATE	SIGNED	
	23 C. PHYSICIAN	und C	Date	er,	DEGREE Phys			hys.	9-	-18-1	1
	NAME (Typ	pe)	nd C. B	aker		3D. ADDRESS	on a II.	mlrima II.		1	1
	24A. BURIAL CREM REMOVAL (Sp				M.D. OEGREE CEMETERY of CRE		24D. LO	pkins Ho	spita		(State)
	Cremat:							N Broadw		Balto.,	MD.
	SEP SEP	THEALTH MEPT	25B. NA	Bee A	STRAR	25C. FUNERAL	DIRECTOR		CONTAIN.	ADDRESS	
	/S 150-REV. 1/1/68	MARIN COOL	- A 400	arees The	6, 0	4 0	at. 'Er	FAL DISE	USAL	4	



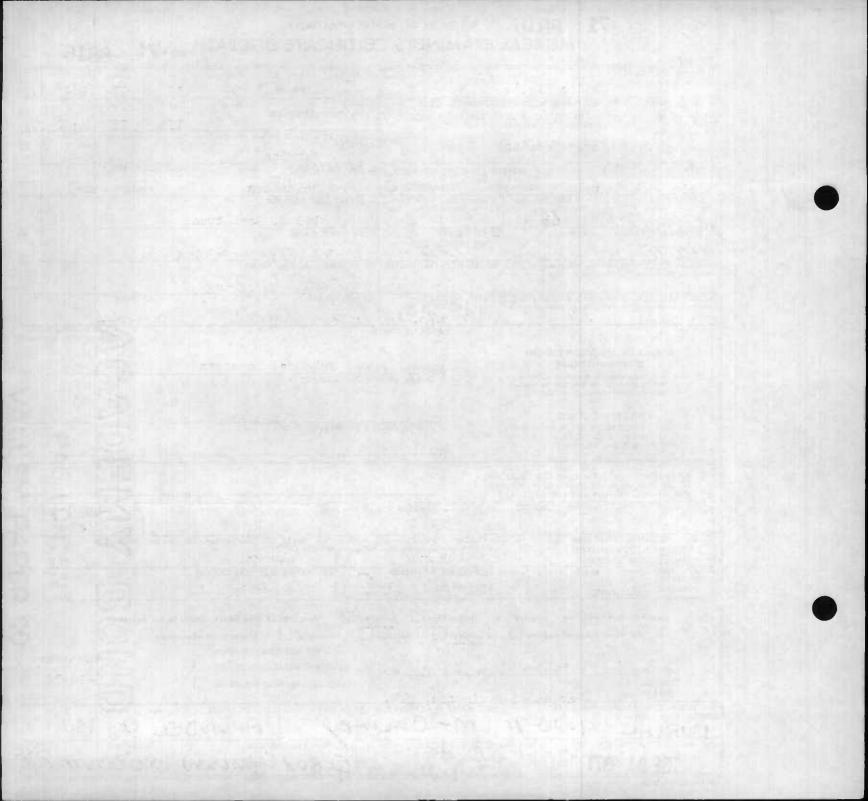
1/10/4/11(1	PEDTIEICATE OF DEATH	71 8814 REG. NO.
I. NAME OF DECEASED (Type or Print)  BERNARD BAILEY	2. DATE Known Month OF DEATH Estimoted	Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month PRONOUNCED DEAD 9	Doy Yeor Hour 3:50 a
Johns Hopkins Hospital	A. STATE Md.	
MARKIED LI NEVER MARRIED		
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthday) Months 1 Doys 1 Hours 1 Min.	E. STREET AND NUMBER	
11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME LENDY SMITH	
done during most of working life, even if retired)  No-  No-  No-  No-  No-  No-  No-  No	Mary Smith	9 4 (100)
(Yes, no runknown) (If yes, give wor or doles of service)  SECURITY NO.	Many Smith	ADDRESS
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, tnjury or complication which caused death.)  (A) IMMEDIATE C  DUE TO, OR A	ebral injuries	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LATE	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
	S PERFORMED	21. AUTOPSY? (Yes or No) Yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  DOING (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED.	in front of 1131 N	N. Gay St.
resulted from: Notural couses Accident Suicide	CHIEF MEDICAL EXAMINER	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH    REG. NO.		
BURIAL 9-23-71 MT. Auberr	or CREMATORY 24D. LOCATION (	City, town, or county) (Stote)
A A Administration of the second of the seco	25C. FUNERAL DIRECTOR  ELBAN O. W.L.	ADDRESS
V\$ 151-REV. 3/1/68	• /	he.t/



1	P 25) BALTIMORE CIT	Y HEALTH DEPARTMENT								
ВІ	TH NO. 71 8815 CERTIFICA	ATE OF DEATH REG. NO. 12 88.13								
	NAME OF OECEASED	2. OATE AND HOUR OF DEATH								
1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	17 SEPT 91 6:00 pm. M.								
1		4. USUAL RESIDENCE I Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY								
HН	JIL NAME OF OF STREET OSPITAL OR INSTITUTION, GIVE STREET AOORESS OR LOCATION)	C.CIX OR TOWN D. INSIDE CITY LIMITS?								
£		E. STREET AND NUMBER								
-	JOOD SAMARITAN HOSPITAL	1736 N. GAY ST.								
5.	6. RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.								
10	WIDOWED DIVORCED L. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INOUSTR	19 007 1703 67								
do	ne during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
13.	HOUSEWIFE NA	N. CAROLINA USA								
	TOVE ALLEN	B								
15.	Wos Deceased Ever in U. S. Armed Forces? [1 6. SOCIAL	17. INFORMANT BOYKIN								
(Ye	s,no or unknown) lif yes, give wor or doles of service)  SECURITY NO.  249-88-6									
-	18. CAUSE OF DEAT	The shappy tell								
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH								
	LEADING TO DEATH	USE UNKNOWN								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)									
	ANTECEDENT CAUSES HVD=0	TENSIVE CARDIOUNSCULAR DISORE TO UP								
		A CONSEQUENCE OF:								
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)									
	11									
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	FAILURE / MO								
TFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
CERI	21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g.,									
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21B. PLACE OF INJURY (e.g., hame, factory, street, or etc.)	in or about 21 C. WHERE DID  ffice bldg., INJURY OCCUR?  (II In Boltimore City, give exact location)								
MEDI	210. TIME (Manih) (Ooy) (Yeer) (Hour 21E INJURY OCCURREO	21F. HOW DIO INJURY OCCUR?								
	(APPROX.) While At Not Whit Work At Work									
	22. I certify that (I) (this hospital) attended the deceased from	3 AUG-497 197/10 17 SEPT 1971								
	that (I) (we) last saw the deceased office on 17 SEPT	19 71 and that in (my) (our) opinion death occurred an the date								
	and hour and fram the causes stated above. (1) (We) (did) (did not) \( 23A. SYGNATURE									
	Allienia Dienich Nath	anding Med. Sheff								
	23C. PHYSICIAN'S NAME (Type)	anding Med. Shaff Phys. 17 Jept 71								
		•								
24/	BURIAL CREMATION, 24B. OATE 24C. NAME of CEMETERY OF CRE	EMATORY 240. LOCATION (City, town, or county) [Stote]								
1	BUTER & 9-23-01 SAN BIONE	7. 11 50								
257	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADORESS BALL								
	SEP 21 1971 Paber E. Faiber M. A. ()	Machael Holard 14. 10 mg.								
8 4 10										



7-240 BIRTH NO.	71 86 MEI	816 DICAL	BALTIMORE EXAMIN			TMENT CATE OF	DEAT	H REG. NØ.	1 9	816	
I. NAME OF DEC	FASED			TI-	DATE	Known 🛣	Month	Doy	Yeor	Ju	
(Type or Print)	Eddie T	igg1a			OF	Estimoted	9			Hour	73
A PLACE IN BAL	TIMORE, MARYLAND,		NOUNCED DEA	n .	DEATH B. DATE	Estimoted 🗀	Month	15 Dov	71 Yeor	8:40	Р.м.
FULL NAME OF	(IF NOT IN HOSPI					NCED DEAD		Doy		11001	
HOSPITAL OR INSTITUTION	ÀDDRESS OR LOC	ATION)			a Delivation	C.D	9	15	71	8:40	
3'	Mercy Ho	spital		4	A. STATE	Maryland	deceased li	B. COUNTY	n: residence i	O O	(lon)
6. SEX	7. RACE	8. MARRIE	NEVER MA	RRIED [	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
Male	Negro	WIDOWE	DIVO	DRCED		Baltimore	2	Y	ES K	NO 🗆	
9. DATE OF BIRT		ay) M	Under 1 Yr. If Undonths Doys Ho	der 24 Hrs. Urs Min.	STREET A	NO NUMBER 703 N. Ga	av Str	eet			
17. BIRTHPLACE (S	State or foreign country)		. CITIZEN OF	1	3. FATHER		ay ULL	-			
mos.	32	0	WHAT COUNT	RY?	1,1	11.00	100	1/1			
14A USUAL OCCU	PATION (Give kind of wor	WILLIAM KIND C	E BITSINESS OF	INDUSTRY	MOTHER S	S MAIDEN NAA	15 de	gue			
done during most of v	vorking life, even if retired	)	or Bosharss Ok	INDUSTRI	J. MOIHE	S MAIDEN NAM	All I				
					W	a sw.	uner	w			
16. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY		8. INFORM	Les Seace	4	Sa	DDRESS	V 30	
19.	- C- () V		17.7	E OF DEATE	1	- 500	7	Men		PROXIMATE INT	
6	0//					00			BETW	EEN ONSET AN	ID DEATH
	E OR CONDITION DIR LEADING TO DEATH	ECTLY			C	.h.d					
(This does n	of meon the mode of a	lying, e.g., ne disease.		MEDIATE CA UE TO, OR AS	OJL	ubdural he	amacom	a			
DISEASES OF RISE TO THE UNDERLYIN OTHER SIGN TO THE DE	NTECEDENT CAUSES OCHOTONS, IF AN E ABOVE CAUSE (A) ST. NG CONDITION LAST.  II  IIFICANT CONDITIONS (A) ATH BUT NOT RELATED TO	UENCE OF:					•				
DISEASE OR	CONDITION GIVEN IN										
20A. DATE OF	F OPERATION 20B. CC	NDITION FO	R WHICH OPER	ATION WAS	PERFORM	ED			21. AUTO	PSY? (Yes or	No)
										Yes	
UNDERLYING UTING CA	NAL CAUSE WAS OR CONTRIB- USE OF DEATH. (Month) (Doy) (Yes		Unkno	CURRED	/ 2:	CC. WHERE DID (IJURY OCCUR? Unknown	n	00	oct location)		
(APPROX.)	Unknown	m	WHILE AT WORK	W TON OW TA		Presumal	bly fe	11			
ACTUAL SIGNATI EXAMIN	ted from: Notural ca	S. 3.	Inspection Accident	Suicide	ASSIS	and that an the micide Little	Jndetermi XAMINER XAMINER	death in my ned monner [ ] ]		<b>date sign</b> 9-16-71	
NAME (T 24A. BURIAL CREA REMOVAL (Special BURIAL	MATION. 248, DATE	0-71		CAL		1	OCATION PRUM	(City, town	n, or county)	md,	e)
25A. DATE REC'D	BY HEALTH DEPT.	258. NA	AE OF REGISTRA	AR	25C. F	ROU O		1	DDRESS COBR	ANTL	AY
VS 151-REV. 1/1/68	A 101	1 1			1 4	0// 0				/	/ v



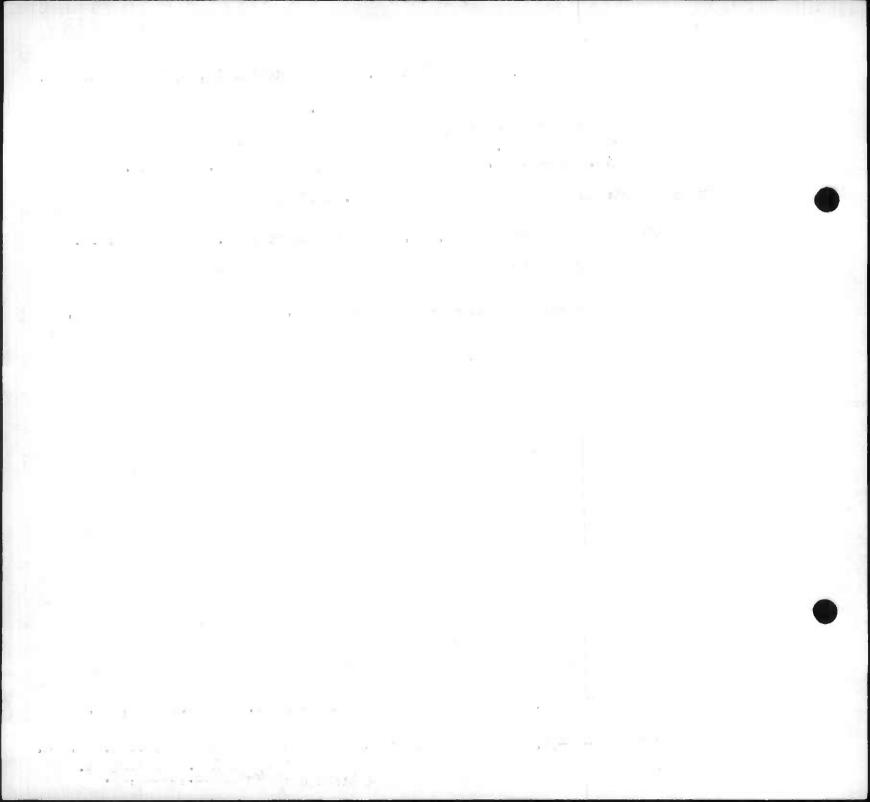
approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
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	T-260 71 0017		HEALTH DEPARTMENT	'74	9017			
	BIRTH NO. 71 8817	CERTIFICAT	TE OF DEATH	REG. NO.	0011			
	1. NAME OF DECEASED (Type or Print)	TUCKED	2. DATE AN	ID HOUR OF DEATH				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	TUCKER OUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	7 — 71, re deceosed lived, if institu	ution: residence before admission)			
	FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	ITUTION, GIVE STREET	MD, & THE		601			
	CHURCH HOME & HO.	SPITAL	E. STREET AND NUMBER		CITY LIMITS?			
			. /	FAYETTE	ST- #2/224.			
	A	NEVER MARRIED	DATE OF BIRTH	9. AGE (In years	Under I Yr. II Under 24 Hrs.			
	MALE WHITE WIDOWE		1-27-46	7.4 PRS.				
	sone during most of Morking his safety it tellied)	STEEL CO.	ST MARY'S	gn country)	2. CITIZEN OF WHAT COUNTRY?			
	3. FATHER'S NAME JOHN W. TU	CKER	4. MOTHER'S MAIDEN NAM					
	5. Wos Deceosed Ever In U. S. Armed Forces?			VIRGINIA	DEVAUX			
	Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 217-01-0385A	MARGARET NITH	TUCKER CHULLET	SAME .			
	18.4124	CAUSE OF DEATH		water.	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1 100 0 100	FAILURE.	BETWEEN ONSET AND DEATH			
	(This does not mean the mode of dying, e.g heart failure, asthenia, etc. It means the disease	anknown						
	injury or complication which coused death.)  ANTECEDENT CAUSES		C4		,			
	DISEASES OR CONDITIONS, if any, giving	Unknower						
	rise to the above cause (A) stoling the UNDERLYING CONDITION lost							
	z II							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************						
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	208, IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED			
- 11	21	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, offic	or obout 21 C. WHERE DID	(If In Boltimore Cit	ry, give exact location)			
	21D.TIME (Month) (Doy) (Year) (Hour) 21	E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?				
	E (APPROX)	hile At Not While At Work		or occor.				
	22, 1 certify that (1) (this hospital) attended	and the same of	75 9.17	9 71_to	9.17 1971			
	that (1) (we) lost saw the deceased alive on.	9.17.			deoth occurred on the date			
	and hour and from the causes stated abave.	(I) (We) (did) (did not) vie	w the body ofter deoth.					
	23A. SIGNATURE Catpal L.	Attend	ing Med S		DATE SIGNED			
	23C.PHYSICIAN'S	DEGREE Phys.	Med. S Director P	hys El	9.17.71.			
	NAME (Type)	4 = -						
2	4A. BURIAL CREMATION, 24B. DATE 24C.N	AME OF CEMETERY OF CREM	ATORY 24D. LO	CATION (City, to	wn, or county) (Stole)			
	BURIAL 9-20-71. WOODLAWN CEM, DOGWOOD RD. BALTO, CO., MD.							
2		OF REGISTRAR	25C, FUNERAL DIRECTOR	ler 9015.C	ONKLING ST.			
V	S 150-REV. 1/1/68			DALT	0, 21224, MD,			

Street, and the

•	death occurred in a hospital and it or contributing cause of death Undetermined cause; (5) Deceased as in regular attendance on the e deceased prior to death. Such ostition is made.
IMPORTANT	or his assistant if Also, if the direc re of any kind; (4) nounced death w attendance on th
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made.

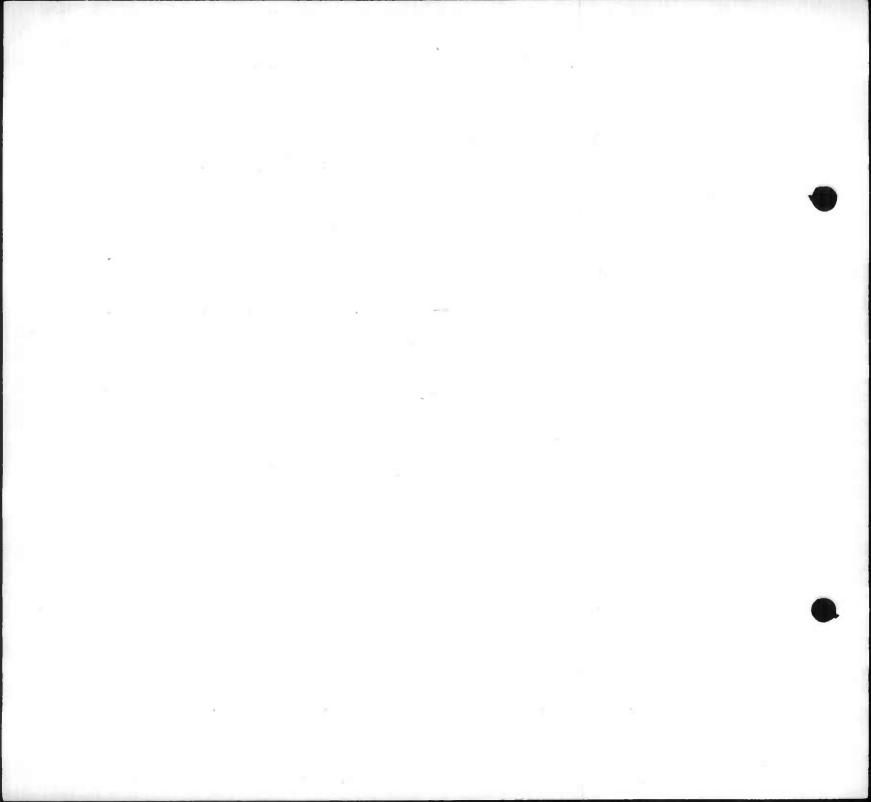
C-36	2 71	2100		HEALTH DEPARTMENT	els fo	71	0019		
BIRTH NO.	/ 1	Opro	CERTIFICA	TE OF DEATH	REG. NO	A 4L	0010		
I. NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH				
(Type or Print)	ERNES	r J.	STRICKLIN . S	R. Septe	amhan 16 10	77	17.15 D		
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (W A. STATE B. COR	here deceased lived. If in	n stitution: ses	sidence before admissional		
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INST	ITUTION, GIVE STREET	Md.			0 607		
NOTTUTION	Baltimore (			C. CITY OR TOWN		IDE CITY LIA	AITS?		
51	4940 Easter			Baltimo		YES 🔀	NO 🗌		
31	Balto., 212			E. STREET AND NUMBER 3416 FE		21224.			
5. SEX	6. RACE			8. DATE OF BIRTH	- 11				
Male	White	WIDOWE		Mar. 15, 1903	9. AGE (in years last birthdoy) 68	Months I	1 Yr. II Under 24 Hrs. Doys Hours Min.		
10A, USUAL OCC	UPATION (Give kind of work working life, even if retired)	108 KIND	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country!	12. CITIZI	EN OF WHAT COUNTRY		
	ired	Wester	n Elec. Co.	Baltimore	1/4		TT 07 4		
13. FATHER'S NA		110000	T 11200, 000	14. MOTHER'S MAIDEN N			U.S.A.		
		Strick!	lin	WALLEY 2 WAIDEN N	Grace Ke	rr			
15. Was Deceased	d Ever in U. S. Armed For- ni (II yes, give wor or date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		17	ADDRESS		
No		•	217-03-69304		stricklin:		Same.		
18.4./	0,4 1		CAUSE OF DEATH	Man carell	a Inface	Terry 10	APPROXIMATE INTERVAL		
DISEA	SE OR CONDITION DIE LEADING TO DEATH	RECTLY		1000					
(This does	nat mean the mode of	dvina on	(A) IMMEDIATE CAU		/				
heart failure,	asthenia, etc. It means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:					
	injury or complication which caused death.)								
1	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:								
rise to th	OR CONDITIONS, if a above cause (A)	<del></del>		************************					
UNDERLYIN	G CONDITION last.		(c)						
-	11								
OTHER SIGNI	FICANT CONDITIONS COI TH BUT NOT RELATED TO TH	NTRIBUTING							
DISEASE OR C	ONDITION GIVEN IN PART	T 1 (A).	**********************						
OTHER SIGNII TO THE DEA DISEASE OR C 19A. DATE OF	F OPERATION 198. CON WAS PERF	ORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No.) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS OF DI	CONSIDERED EATH?		
OP CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF	21 he	B. PLACE OF INJURY (e.g., in me, form, foctory, street, oil	or obout 21 C. WHERE DID	(If In Boltimor	e City, give	exact location)		
DEATH (notify	medical examined	ele	ມ ້						
OF INJURY	(Month) (Doy) (Year)	(Hour) 21	E INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?				
(APPROX.)		W	hile At Not While	' 🗆 📗					
22. I certify	that (I) (this hospital			H ley	1967 to 9	116	10 7/		
	last saw the decease			771	(/	nian death	occurred an the date		
and have an	d fram the causes stat	ed above.	(1) (Wa) (did nat) vi						
23A. SIGNATURE DATE SIGNED									
40	with 12.	telper	Dham	Med. Director	Staff Phys.	9/1	8/7/		
23CJAHYSICIA NAME (T	Mes		DEGREE	3D. ADDRESS	rnys	1//	1//		
NAME (	JOSE PH	R. LIB	ERTO	3500 Bank	St. Balto	21224	wa		
OLA, RIBIAL CREMATION OF DATE OF NAME OF STATES									
REMOVAL (	Sp ecilyl		- Children and Children						
Buri	al 9-20-7		Oak Lawn Con	land division in	25 Eastern I				
SEP			aben M. D.	25C, FUNERAL DIRECTO	901 S. O Balto., 2	onklii 1224.1	ADDIESS Id.		
VS 150-REV. 1/1/	68			The state of					



R-000 71 8819 BALTIMORE CITY HE MEDICAL EXAMINER'S O	ALTH DEPARTMENT						
BIRTH NO.	LEKTIFICATE OF DEATH REG. NO. 1						
I. NAME OF DECEASED	2. DATE Known Month Day Year Hour						
GEORGE W. RHEA SR.	OF DEATH Estimoted . M.						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD September 18, 1971 2:45 P.M.						
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)						
908 Jack Street • # 21225.	A. STATE Maryland B. COUNTY						
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Male White WIDOWED ☐ DIVORCED ☐	Baltimore YES X NO						
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.	E, STREET AND NUMBER						
Dec. 27, 1928 ) 48 42	908 Jack Street • # 21225,						
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME						
Glades Spring, Va. WHAT SOUNTRY?	Clyde Z. Rhea						
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, eyen if retired)	15. MOTHER'S MAIDEN NAME						
Crane-Operator Beth. Steel Co.	Mora W. Rorrer						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS						
No 214-24-6303	Bertha M. Rhea. Same						
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH (A)IMMEDIATE C	AUSE Gunshot wound of chest						
(this does not mean the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease,	AS A CONSEQUENCE OF:						
Injury or complication which coused death.)							
ANTECEDENT CAUSES (8)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:						
I UNDERLYING CONDITION LAST							
Ď II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAR							
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No.)						
0							
₹ 22A. EXTERNAL CAUSE WAS   22B, PLACE OF INJURY(e.g.,	In or obout 22C. WHERE DID (If In Boltimore City, give exect location)						
UNDERLYING OR CONTRIB. home, form, foctory, street, office	e bldg., etc.) INJURY OCCUR?						
UTING LI CAUSE OF DEATH.  HOME  22D. TIME (Month) (Doy) (Year) (Hour)   22E,INJURY OCCURRED	908 Jack Street 22F. HOWDID INJURY OCCUR?						
OF INJURY (APPROX.) ? WHILE AT NOT	Walte						
23.	ORK N Shot self						
I certify that I held on Inquiry Inspection X Au	tapsy ond that an this basis, death In my opinion						
resulted fram: Notural causes Accident Suicid							
	CHIEF MEDICAL EXAMINER						
ACTUAL ( )	ASSISTANT MEDICAL EVAMINED THE						
M.D.							
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER   September 19, 1971						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)						
REMOVAL (Specify) Burial 9-22-71							
BUT1A1 9-21-11. Moreland Men 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR							
SEP 21 BM Pase & Jacker, MD	25c. FUNERAL DIRECTOR 901 SADDRESS Kling St. Balto., 21224, Md.						
5 151-REV. 1/1/68							

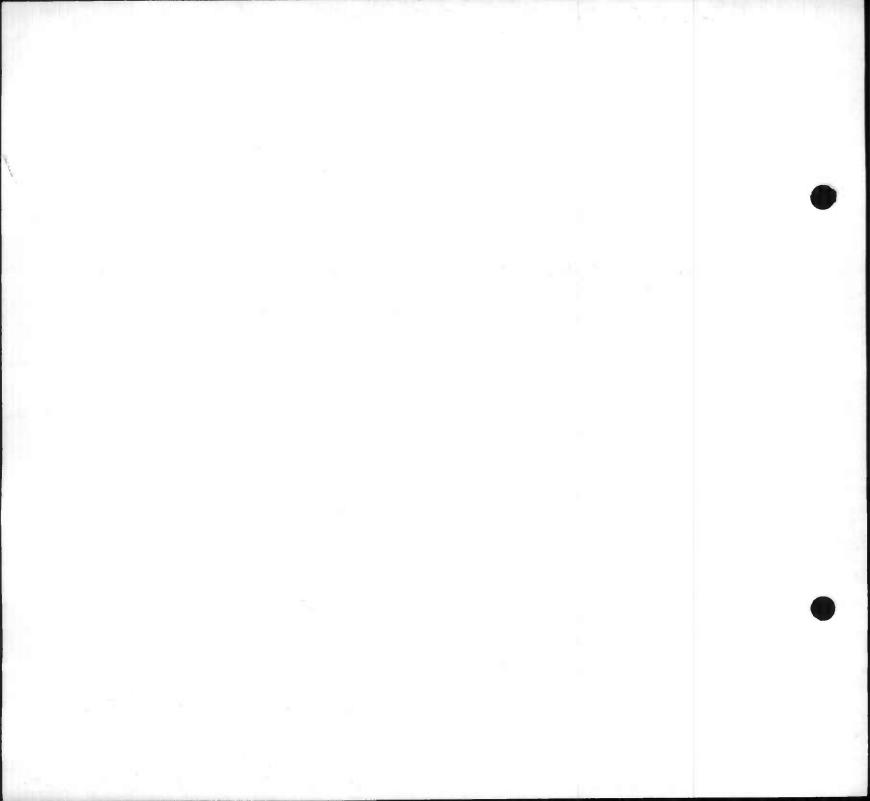
Ride IS HEY THE THE SHIPS TO SHIP AND THE PLET OF THE SHIPS TO SHIP AND THE PLET OF THE SHIPS TO SHIP AND THE SHIP AND THE SHIPS TO SHIP AND THE SHIPS TO SHIP AND THE SHIPS TO SHIP AND THE SHIP ALC: MELLINE TO A CANTE V . BEST SEE . STEEL The second secon SECTION AND THE RESIDENCE OF THE PARTY OF TH The companies of the control of the A PORT OF THE PROPERTY OF THE PARTY OF THE P

1	M1/1	()	0.5	BALTIMORE CITY	HEALTH DEPARTMENT				
	111-46 RTH NO.	71	8820	CERTIFICA	TE OF DEATH	REG. NO	71	8820	
	NAME OF DECE ype or Print)	Hilda L. M.	eller		2. DATE AND HOUR OF DEATH				
3.	PLACE IN BALT	IMORE MARYLAND, V	HERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (V	Vhere deceased lived. If i	nstitution: res	Midence before odmission)	
H	full NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  2511 Hollins Street				Md c. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. INS	YES T	2004	
=					2511 Hollins Street				
	female	white	WIDOW		1/19/1894	9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.	
do	A. USUAL OCCU ne during most of w	PATION (Give kind of world orking life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	Baltimore,		12. CITIZI US	A COUNTRY	
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN N	AME			
	Willia	m Bode			Caroline				
15. (Ye	Was Deceased	Ever In U. S. Armed For (If yes, give wor or dote	cas?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		-	ADDRESS	
				SECONIII NO.	Mr. Paul Muel	ler, 2511 Hol	lins S	t.	
	(This does no heart failure, a	OR CONDITION DIS EADING TO DEATH I meon the mode al Islhenia, etc. It means lication which caused	dying, e.	GAUSE OF DEATH	Thombos A CONSEQUENCE OF:	4	88	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH	
	A DISEASES OF	NIECEDENT CAUSES  R CONDITIONS, il abave cause (A) CONDITION last.	any, givi	(B) DUE TO, OR AS	A CONSEQUENCE OF:	erah zek		15 gras	
CATION	TO THE DEATH	CANT CONDITIONS CO.  BUT NOT RELATED TO THE NOTION GIVEN IN PARTITION 1198. CON	HE TERMINA	i disabete	Melli tr.	No. 208 AR VEC MER	FINISHER	8 grs.	
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No. 20B. IF YES, WERE FINE IN CERTIFYING CAUSE							EATH?	
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, fociory, street, office bidg., INJURY OCCUR? etc.]  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, fociory, street, office bidg., INJURY OCCUR?							exoct locotion)	
MEDI	OF INJURY (APPROX.)	Month) (Doy) (Yeor)	\	TE INJURY OCCURRED  While At Not While At Work	21 F. HOW DID I	NJURY OCCUR?			
	22. I certify that (I) (this happies) attended the deceased from While 8 19 54 to Orph. 20 19 2/ that (I) (can) lost saw the deceased alive on Orph. 19 7/ and that In (my) (car) opinion death occurred on the date								
	ond hour and from the causes stated above. (1) (###) (did) (did not) view the body ofter death.  23A, SIGNATURE  Altending Med. Shaff   9/2/1/						SIGNED		
23C. PHYSICIAN'S NAME (Type)  Dr. Gilbert E. Rudman  23D. ADDRESS  2517 W. Baltimore, St.							7/ //		
24/	BURIAL CREM	ATION, 24B. DATE		NAME of CEMETERY OF CRE			ty, town, or	county) (Staje)	
	Burial	0/02/00	T	oudon Park Como		altimore, Mar	•	ecoult (aide)	
<u></u>	GEP 21	1217 Pasa	E VA	of registrar	25C. FUNERAL DIRECT			ADDRESS 21228	
VS	150-REV. 1/1/68								

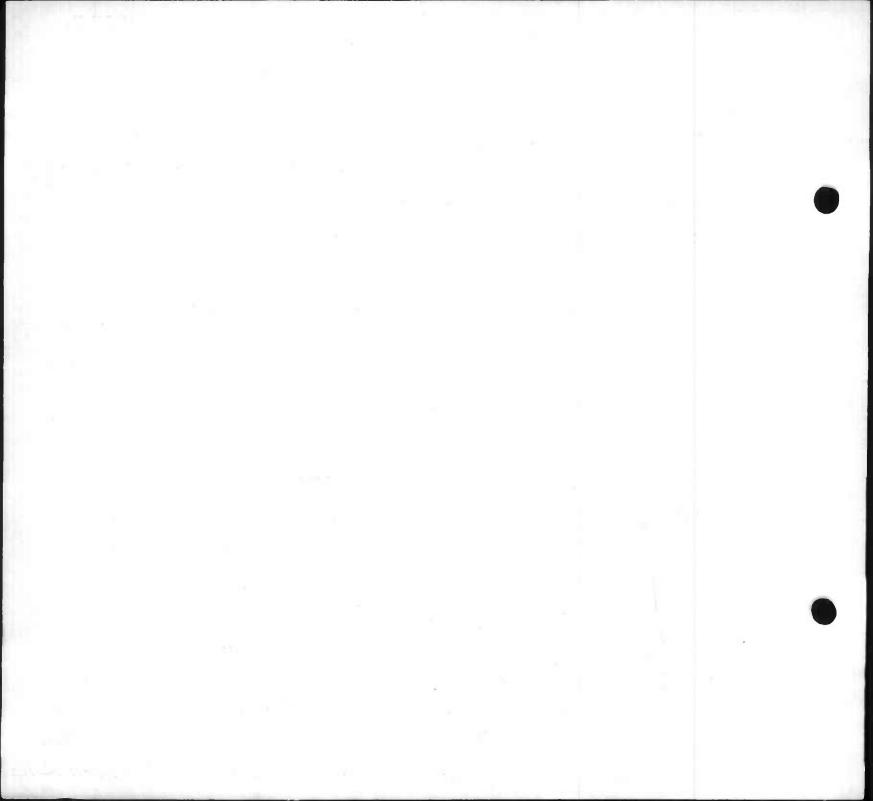


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1211	1-1.4	0.05	146	BALTIMORE CITY	HEALT	DEPARTMENT		71	0024	
Br	RTH NO.	/1	884	31	CERTIFICA	TE C	F DEATH	REG. NO.	/ 1	0021	
	NAME OF DECEA	SED					2. DATE A	ND HOUR OF DEA	TH		
	20	210		PIDLO			9.	17. 71		112.45A	ž . M.
3.	PLACE IN BALTIA	MORE MARYL	AND, WHERE	PRONOUNC	ED DEAD	A. STAT	AL RESIDENCE (Wh	ere deceased lived. I	f institution:	residence before odm	is sion)
II H	JLL NAME OF	(IF NOT IN	HOSPITAL OF	OITUTITZNI	N, GIVE STREET		MARYLI			20	5
IN	CHU		HON				LTIMORE	CITY D. 1	NSIDE CITY YES	_	
	Seq. 1 and	SPITAL		15 &		E. STRE	ET AND NUMBER				
							623	S. Dut	ham	St.	
10.	MALE 6.	RACE P		ARRIED   1	NEVER MARRIED	8. DATE	0 F BIRTH	9. AGE (In years last birthday)	II Und Month	er 1 Yr. II Under 2 S Doys Hours	4 His. Min.
10/	LUSUAL OCCUPA	ATION (Give kind	d of work 10B. I		DIVORCED TINESS OR INDUSTRY	11. BIRT		56		TIZEN OF WHAT CO	LINTRY
do	ne during most of wer	king lile, even if	retired)		EAMSHIP		-			LUS.A.	OHINT
13.	CARPEN FATHER'S NAME		// ^	1 A - S)	EAMSHIP	14 8401	Bulttono HER'S MAIDEN NA	re.	9 %		
1	111000	1,2	Tai .	i)	1.72	( MO	/ >		-1	5	
15	Was Decesed/Ey	541	gw	NUP	DLOWSIC	1 . 1		1NB 1	-///	PAK	
ίΫ́e	s, no or unknown) (If	yes, give wor	er dotes of s	ervice)	SOCIAL SECURITY NO.	17. INFO		•		ADDRESS	
_	No	- 1		21	7-05-0911	.,	spital chi	net.			
	18. DISEASE	OR CONDITION	ON DIRECTI		CAUSE OF DEATH	1				APPROXIMATE INTE	RVAL DEATH
ll .	LE	ADING TO D	EATH		ANNIMEDIATE CALL	· C	monaru	Chasulie	cienci	Centra	a a book
ll	(This does nat heart feiture, as	meen the m	ode of dying	, e.g.,	DUE TO, OR AS	CONSE	DUENCE OF:	D	cerry	1	<u>w</u>
	injury et Campli	calion which	caused death	.)					,		
		TECEDENT C			(B) ASC	V.V	)			Unkn	DIL
	DISEASES OR	abave cause	(A) statin	giving g fhe	DUE TO, OR AS	A CONSI	QUENCE OF:				
	UNDERLYING C	CONDITION	ast.		(c)	*************					Number of Street, Stre
Z	OTHER SIGNIFICA		NS CONTRIB	ITING							
E	TO THE DEATH B	BUT NOT RELATI	ED TO THE TER	MINAL	***********************	******					
CERTIFICATION	19A-DATE OF OF	PERATION 19	B. CONDITION AS PERFORME	FOR WHIC	H OPERATION	20 A.	AUTOPSY? (Yes or Ne	20B. IF YES, WEI	RE FINDINO	S CONSIDERED	
E	21		- 25				165	IN CERTIFIING	CAUSES OF	DEATH?	
	21A. ACCIDENT OR CONTRIBUTION	WAS UNDERL	YING	heme, fe	CE OF INJURY (e.g., ir rm, factory, street, eff	or obout	21C. WHERE DID	(If In Boltin	nere City, gi	ive exact location)	
CAL	DEATH (notify me			etc.)							
MEDI	OF INJURY	Aonth) (Doy)	(Yeor) (Heu	While A	URY OCCURRED Not While		21F. HOW DID INJ	URY OCCUR?			
	(APPROX.)			Work	At Work		0				
	22. I certify the				sceased from		~ 1.7.71			1 /7, 7) 19	
	that (1) (we) las				7://	19		at in (my) (our) o	pinion de	oth occurred on the	e date
	and have and fr 23A. SIGNATURE	om the cause	es stated ab	ove. (I) (W	e) (did) (did nat) vi	ew the	bady after death.				
		5	of Engl	OR	Atter	iding [	Med.	Shaff Cal	23B. DA	TE SIGNED	
	23C. PHYSICIAN'S		7	C	DEGREE Phys.		Director L	Shaff Phys.		9.17.71	*
	23C. PHYSICIAN'S NAME (Type)					N	Lus o he	Worse 1	Lan	ital.	
24/	BURIAL CREMA	TION, 248, D	ATE	24C.NAME	OF CEMETERY OF CRE	MATORY	124D 4	OCATION	City, town,	or county (C)	entel
I	REMOVAL (Spec	ily) 9/2	071	11-1	1	1	1	I d	1	or coomy (2)	ote)
25/	L DATE REC'D BY	HEALTH DEP	25B, N	AME OF THE	GISTRAR		UNERAL DIRECTOR	00 1 16 - 10	(0) .	ADDRESS	
	SEP 21	1977	3 1.38	Sa Re	La0 016		2012	10 31	2 81	Con Pai	St
1/6	100 001/ 1/1//							70			



11/1-4/26 11 0020	HEALTH DEPARTMENT						
- All Ito.	TE OF DEATH REG. NO.						
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH						
KONALD WOOLFOLK	19/16/71 1/030 PM						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission) A. STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET HOSPITAL OR INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
JOHNS HOPKINS HOSPITAL	BALTIMORE YES NOT						
COMNS HUPRINS MOSPITHE	E. STREET AND NUMBER 1002 N. WASHINGTON ST 21205						
5. SEX 6. RACE 7. MARRIED ALEVED MARRIED							
MALE NEGRO WIDOWED SERVICED	5/1/40 last birthday) Months Doys Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (State or largin country) 12. CITIZEN OF WHAT COUNTRY?						
NOT KNOWN	U.S.A. U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
CLYDE	WILLIE						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) SECURITY NO.	17. INFORMANT ADDRESS						
UNKNOWN (If yes, give war or dotes of service) SECURITY NO.	PATIENT'S CHARK						
18. CAUSE OF DEATI							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH						
(This does not mean the mode of dying, e.g. (A) IMMEDIATE CAU	SE CESSATION OF BP Pulse 3 Lows						
heart lailure, osthenia, etc. It means the disease, injury or camplication which caused death.)	+ Respiration						
ANTECEDENT CAUSES MASS	UE + REPEATED UGI Bleed & days						
DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS	VE + REPEATED UCT Bleed 8 days						
inse to the obove couse (A) stoting the UNDERLYING CONDITION last.	SOPH. VARICES 20 STOH.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).							
DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994- DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION	***************************************						
E alala WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
U 21A ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., In							
DEATH (notify medical popular)	ice bldg. INJURY OCCUR?						
	plicable						
OF INJURY  OF INJURY  OF INJURY  (Month) (Doy) (Yeon) (Houn) 21E, INJURY OCCURRED  While At   Not While	21F. HOW DID INJURY OCCUR?						
Work At Work	LO-y Standing Disease						
22. I certify that (1) (this hospital) attended the deceosed from	19 71 10 9/6 19 71						
that (I) (we) lost saw the deceased alive on	19ond that In(my) (our)opinion death occurred on the date						
and hour and from the couses stated above (We) (did) (did nat) vi	ew the body ofter death.						
23A. SIGNATURE	238, DATE SIGNED,						
DEGREE Phys.							
23C.PHYSICIAN'S NAME (Type)	3D. ADDRESS						
24A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CREMETERY	JOHNS HOPKINS HOSPITTAL						
REMOVAL (Specily)	MATORY 24D. LOCATION (City, town, or county) (Stote)						
250. DATE REC'D BY HEALTH DEPT.   25B. NAME OFFREGISTRAR ()	em. Anne Hrundel Ctg. Md.						
SEP 21 1971 Robert E. Jarber N.D.	125C. FUNERAL DIRECTOR 928 E. NORTH AVE						
VS 150-REV. 1/1/68							



#### FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	Y HEALTH DEPARTMENT 71 8823						
BIRTH NO. 71 8823 CERTIFICA	ATE OF DEATH REG. NO.						
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
(Type or Print) CLAUDIE BARNES	SETTEMBER14 971 6:45a.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)  B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION ASA DURAN ALL VOLTA HOMP	C.CITY OR JOWN D. INSIDE CITY LIMITS?						
35 20 N. Helton Rd Home	Bultom or YES P NO 1						
Daltimore Del 2/2/6	E. STREET AND NUMBER 311 Sharp St						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 His.						
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
done during most of working life, even if retired)	Navyland USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
15. Was Deceased Eyer in U. S. Armed Forces? [16. SOCIAL	17. INFORMANT						
(Yes, no or unknown) (If yes, give wor or dotes of service)  (SS	LAVENIA BARNES 1008 S. PACA ST.						
18. CAUSE OF DEAT							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Careine	8ETWEEN ONSET AND DEATH						
(A)IMMEDIATE CA	A CONSEQUENCE OF: with media the						
injuly or complication which caused death.)							
ANTECEDENT CAUSES (B)							
HADERI VING COMPITION :	A CONSEQUENCE OF:						
II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  U 21A. ACCIDENT WAS UNDERLYING TO THE TERMINAL TO THE							
O DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED						
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
OR CONTRIBUTING TICAUSE OF	n or obout 21C. WHERE DID (If In Soltimore City, give exect location) flice bldg., INJURY OCCUR?						
DEATH (notify medical examiner)  21D-TIME (Manth) (Day) (Year) (Hour 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?						
(APPROX.) Work Al Work							
22. I certify that (I) (this hospital) attended the deceased from that (i) (we) last sow the deceased alive on Sept. 13	July 8 19/10 Dept 17 19/1						
	and hour and from the causes stated above. (i) (We) (did) (did not) view the body after death.						
23A. SIGNATURE	23 B. DATE SIGNED						
Phy							
23C. PHYSICIAM'S NAME (Type)  ABRAHAM B HURIN TO MD 7501 Liberty RI BOLD MI							
4A. BURIAL CREMATION, 24R. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fown, of county) (Stole)							
BURIAL 8/17/71 MT. CALVERY BROOKLYN, MARYLAND							
SEP 21 1971 Pobe & Jake M.D. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
VS 150-REV. 1/1/68	and an end of						

SEPPENBER14 1971 6:45a.

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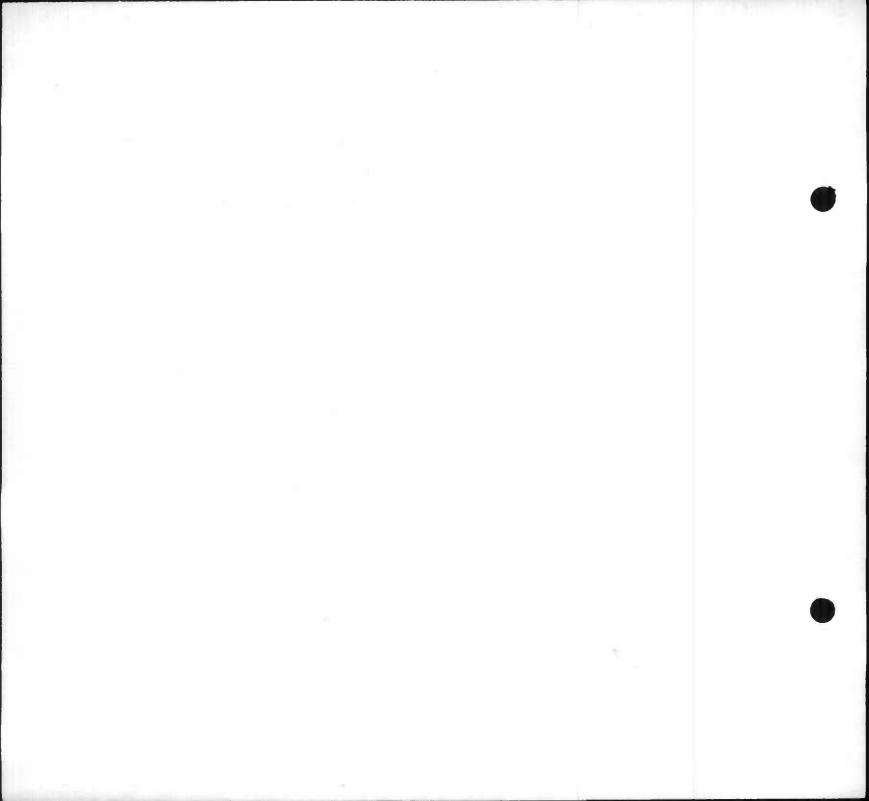
NO

- Sept. 13 July 8 71 Sept. 14 71
Whoken B. Humord M. V Sept. 11, 1971
ABRAHOM B. HURW 72 M. 750/ Liberty Rd. Baltimore Med.

Such hospital and (4) Undetermined cause; (5) Deceased uo death. attendance cause 0 0 . = prior contributing occurred made regular deceased death disposition = SD the 3 assistant death 0 final attendance any pronounced or balmed fracture of regular eml who are 4 2 physician by the chief medical remains (6) No physician was any nature; (2) Body the 0 the where to the hospital obtained approved (except and hospital An accident of death) the body was released must 10 approval 0 prior his certificate at was D.O.A. shows: (1) eceased

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HARLIE 4. USUAL RESIDENCE (Where Deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND Md FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE E. STREET AND NUMBER VES 4 NO HOSPITAL 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In veots If Under 24 Hrs. Il Under 1 Tr. Hours lost birthday MALE NOGRO WIDOWED 7-22-16 DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (Stole of lorging country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA. UNDMPLO Vou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WALLACE WILLIAMS 15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL ADDRESS (Tes, no or unknown) (If yes, give war or doles of service) SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode al dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease. injury at camplication which caused death.) ANTECEDENT CAUSES RANULOMA DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL FAILURE DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A-AUTOPST? (Yes or No.) 20B, IP TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED GRANULOMA UPPER Loss 21 A. ACCIDENT WAS UNDERLTING OR CONTRIBUTINO CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (It in Boltimore City, give exact location) MEDICAL DEATH (natify medical examiner) 21D. TIME OF INJURT (Month) (Doy) (Teor) (Hour) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While (APPROX.) 22. I certify that (I) (this hospital) attended the deceased fram... AUGUST SEPTEMISEV that (1) (we) last saw the deceased alive an SEPTEMBER 20 19 7/ and that In(my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 & DATE SIGNED Attending \_\_\_ Med. Staff Director 23C. PHTSICIAN'S NAME (Type) 23D. ADDRESS AGUSTIN FLORIAN, DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY OF CREMATOR 24D. LOCATION (City, town, or county) REMOVAL (Specily)

25A. DATE REC'D BT HEALTH DEPT. VS 150-REV. 1/1/68



Was

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 71 CERTIFICATE OF DEATH Deceased death Such BIRTH NO I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Tom JACKSON uo o September 19,1971 death. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE cause; (5) Md cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? Midtown Home, Inc. Baltimore L prior 808 St. Paul Street E. STREET AND NUMBER contributing Baltimore, Maryland 21202 2600 Guilford Avenue Undetermined regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthday 5/8/06 B WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) isposition done during most of working life, even if retired) Virginia a s the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct 4 Jackson Archie Nannie assistant death 15. Was Deceased Ever in U. S. Armed Forces? (Yas,no or unknown) (If yes, give war or dates of service) 17. INFORMANT 6. SOCIAL 0 SECURITY NO. attendance 231-24-0909 Betty Dunnigan CAUSE OF DEATH pronounced or DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease, ar injury or complication which caused death,) regul ANTECEDENT CAUSES 9 are DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS CONSEQUENCE the obove couse (A) sloting the physician before the remains UNDERLYING CONDITION Iosl. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If In Boltimore City, give exact location) to the hospital °Z MEDICAL DEATH (notify medical examiner) etc.) nature; obtained 21 D. TIME (Month) (Day) (Year) (Hout) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While OF INJURY (except While At (APPROX.) Work At Work and any 22. I certify that (I) (this haspital) attended the deceased from August September 19 that (I) (we) last saw the deceased alive on... 197 and that In(my) (aur) opinion death accurred on the date eath) of hospital and haur and from the causes stated above. (1) (We) (4td) (did not) view the body after death. must 23A. SIGNATURE O Attending V Med. 0 approval Director 0 23C. PHYSICIAN'S 23D. ADDRESS prior 40 NAME (Type) An 0 24A. BURIAL CREMATION, 24B, DATE 4C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased 0.0 the body REMOVAL (Specify) Baltimore, Cmetry shows:

Auburn 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/68

adolphus Halstead

ADDRESS orth Ave

23 B, DATE SIGNED

YES XX

Months Doys

NO

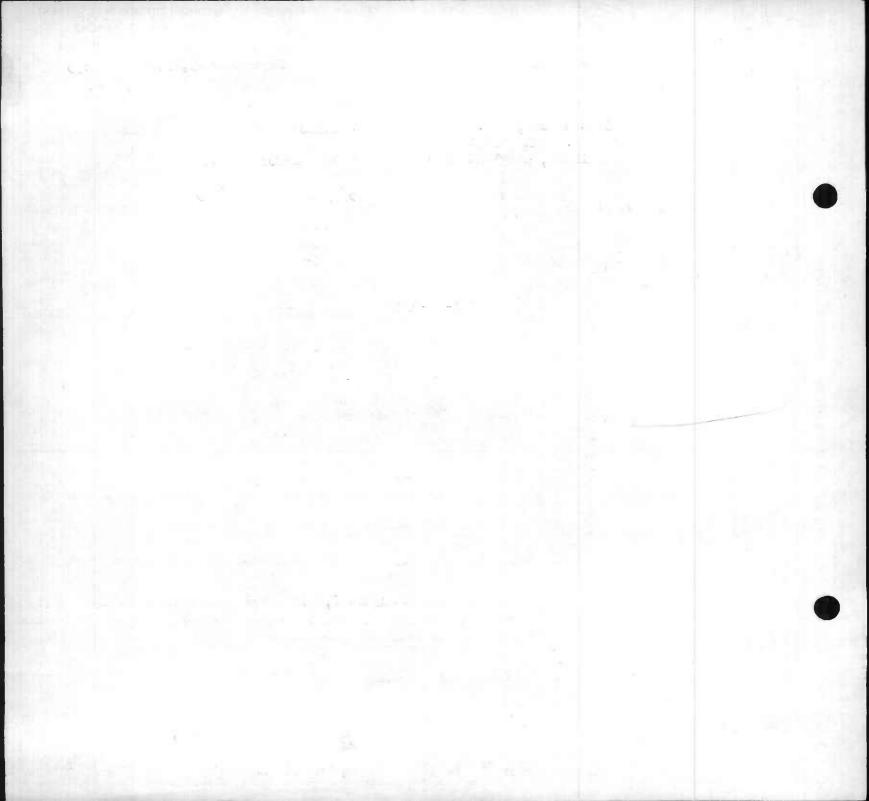
Hours

BETWEEN ONSET AND DEATH

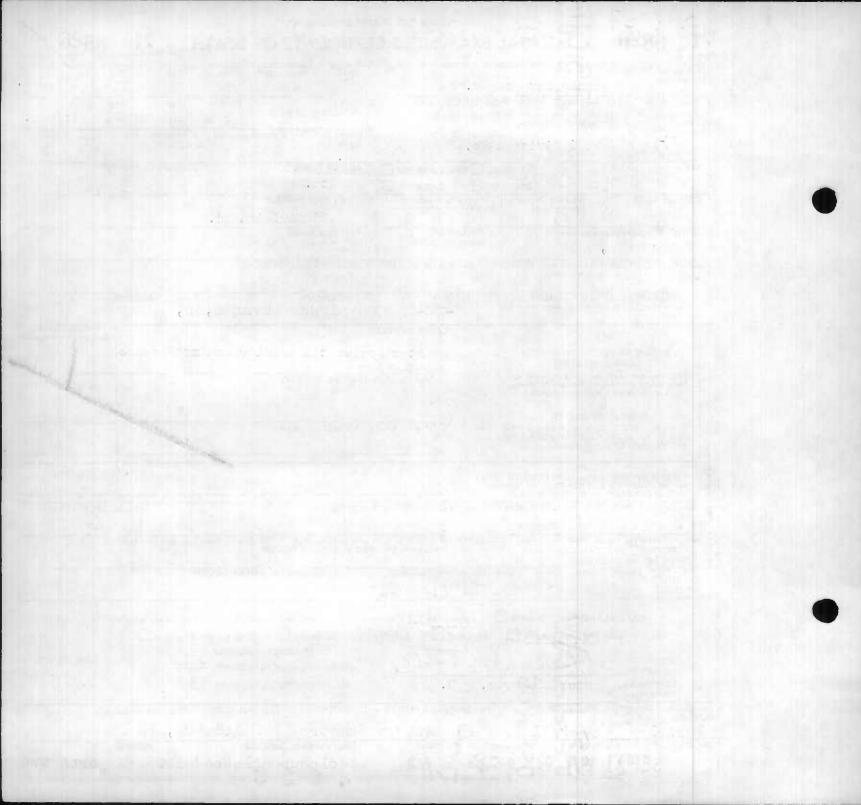
12. CITIZEN OF WHAT COUNTRY?

**ADDRESS** 

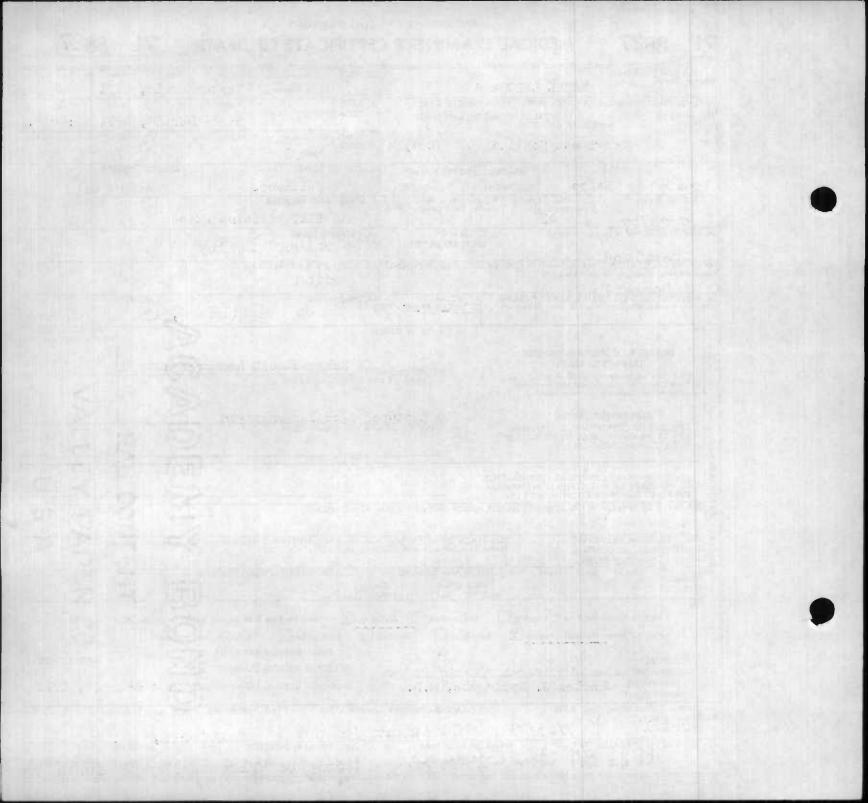
If Under 24 Hrs.



B 65	5			BALTIMORE CITY HE	ALTH DEPAR	TMENT			Har	
71 887 BIRTH NO.	26	MEDI	CAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	1 8	3826
t. NAME OF DEC		nzo Bur	nhar	n Sr.	2. DATE OF DEATH	Known C.X. Estimoted	Month 9	Doy 16	Yeor 71	Hoy'2:50 a
4. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION				RONOUNCED DEAD TITUTION, GIVE STREET	3. DATE PRONOU	NCED DEAD	Month 9	. 16	Yeor 71	12:50 a
00		06 Divi			Md.	SIDENCE (Where	deceosed l	B. COUNTY	1	7 02
6. SEX	7. RACE Negro		MARR	HED NEVER MARRIED DIVORCED	C. CITY OR Balt			D. INSIDE C	ES	
9. DATE OF BIRTI		lost birthdoy) 84	/eors	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.		ND NUMBER  Of Division	on St.		E2 [ ]	NO L
Savann	ah,	Ga		12. CITIZEN OF WHAT COUNTRY?		za Jack				
done during most of w	PATION (Giver vorking life, ev	e kind of work [4 en if retired]	B. KIND	OF BUSINESS OR INDUSTRY	Jenr		ME			
(Yes, no or unknown)	ED EVER IN (if yes, give v	U.S. ARMED I	ORCES	17. SOCIAL SECURITY NO. 80	18. INFORM	ant onza Bur	nham,	Jr, Sa	DDRESS me	
(This does no heart loilure, follure, follure)  AN DISEASES CRISE TO THE UNDERLYIN  OTHER SIGN TO THE DESAGE OR  DISEASE OR	LEADING TO of mean the , osthento, eic nplication white NTECEDENT DR CONDITIO E ABOVE CAI NG CONDITIO HIFICANT COM ATH BUT NOT CONDITION	mode of dyln, it means the dish coused deoth CAUSES DNS, IF ANY, JSE (A) STATIO ON LAST.	g. e.g., Itsease, I.) GIVING THE NTRIBUTH HE TERM T 1 (A).	(A)IMMEDIATE C DUE TO, OR A (B) DUE TO, OR A (C)	AUSE S A CONSEQU AS A CONSEQ	UENCE OF:	ovascu	lar dise	ease	
				FOR WHICH OPERATION WA					1	PSY? (Yes or No)
UNDERLYING UTING CAI  22D. TIME ( OF INJURY ( APPROX.)  23.	(Month) (D	TRIB- TH. oy) (Year)	(Hour	m. WHILE AT NOT AT W	WHILE 222 ORK Har	F. HOW DID IN	URY OCC  Ils basis,  Jadeterni  KAMINER	death in my	opinion	DATE SIGNED
EXAMINE NAME (T-	ER'S Pe	eter Li	kov:	ic, M.D.	ASSO	CIATE MEDICAL E	KAMINER			9/17/71
REMOVAL (Specification Burial 25A. DATE REC'D	(v)	/22/71	250 41	MT Auburn	Cemet	ry B		nore, M		(Stote)
	P21 1	_		E. Jaber, M.D.		phus Ha	**		W n	orth Av



74 005	מים ארך	NCAL	BALTIMORE CITY H				171.8	0007
BIRTH NC.	MEL MEL	JICAL	EXAMINER'S	CERTIFI	CATE OF	DEATH	REG. NO.	8821
1. NAME OF DEC	EASED MABEL	LEIGH'	TON	2. DATE OF	Known 🔼	Month	mber 18,	Year Hour
4. PLACE IN BALT	IMORE, MARYLAND, Y			3. DATE	Esimiloreo 🖂	Month	Doy	Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	TUTION, GIVE STREET		UNCED DEAD	Depter	mber 18,	
4 669	Provident H			A. STATE	Maryland	E decessed live	a. COUNTY	1403
	7. RACE	8. MARRIE	D NEVER MARRIED	C. CITY OF			D. INSIDE CITY	LIMITS?
Female  9. DATE OF BIRTH	Negro	WIDOWE			Baltimore		YES [	ON O
7/20/	10st birthdo 43	Y) N	f Under 1 Yr. II Under 24 Hrs. Ionihs : Doys : Hours : Min.	E. STREET	AND NUMBER 2117 Divi	sion St	treet	
II. BIRTHPLACE (SI	ote or loreign country)	12	WHAT COUNTRY?	13. FATHER Felo	'S NAME	Reiley		
14A.USUAL OCCUP dane during most of wo	ATION (Give kind of work orking life, even if retired)	14B. KIND	OF BUSINESS OR INDUSTR		R'S MAIDEN NA!	ME		
16. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	2] SECURITY NO.57	18. INFOR	MANT Ames Leig	hton	ADDR	Mohawk Ave
19. //	A (2)		CAUSE OF DEA		2018	5110011	, ) 2 ) 0	APPROXIMATE INTERVAL
(This does no heart loilure, injury or comp  AN' DISEASES OR RISE TO THE UNDERLYING OTHER SIGNII TO THE DEAT DISEASE OR COMPANY OTHER SIGNII TO THE DEAT	EADING TO DEATH  I mean the mode of dy sisthenia, etc. It means the plication which coused dec  TECEDENT CAUSES R CONDITIONS, IF ANY ABOVE CAUSE (A) STAT G CONDITION LAST.  II FICANT CONDITIONS CO THE BUT NOT RELATED TO CONDITION GIVEN IN PA	ONTRIBUTING THE TERMIN	(B) Ruptur DUE TO, OR  (C)	ed sace	cular aneu Quence of:		rnage	
ZOA. DATE OF	OPERATION 208. CON	IDITION FO	R WHICH OPERATION W	AS PERFORM	(ED		21.	. AUTOPSY? (Yes or No)
UNDERLYING DUTING CAU	AL CAUSE WAS  OR CONTRIB- SE OF DEATH.  Annih) (Doy) (Yeor		B.PLACE OF INJURY (e.g., me, farm, loctory, street, office 22E.INJURY OCCURRED WHILE AT NOT	2	2C. WHERE DID (INJURY OCCUR?			Yes cation)
(APPROX.)	y that I held an Ir	m	WORK L AT W	ORK				
ACTUAL SIGNATUR EXAMINER	d from: Natural cause	8.	Accident Suicident M.D.	ASSI		Indetermine XAMINER [XAMINER 8	eath in my apir	DATE SIGNED
NAME (Ty) 24A. BURIAL CREM/ REMOVAL (Specily)	ATION, 24B. DATE		24C. NAME of CEMETERY	ar CREMATO		OCATION	(City, lown, or	
25A. DATE REC'D B	9/25 Y HEALTH DEPT 21 37 R	25B. NAA	MT Aubur ME OF REGISTRAR	25C. F	UNERAL DIRECTO		more, ADDRI	M ESS
/S 151-REV. 1/1/68		1 1)	7 1-4-0	O IAGO	lphus H	Istea	d 1206 i	W north Ave



was D.O.A.

Burial

25A. DATE REC'D BY HEALTH DEPT.

9-22-71

Such

to death.

		BALTIMORE CITY	HEALTH DEPARTMENT	Int A	2000
	BIRTH NO. 71 8828 BEAN	CERTIFICA	TE OF DEATH	REG. NO.	8828
	I. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
-	(Type or Print) //ie Mre Bean		Sea	1 20 197	1 5:30 P M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If instit	tution: residence belore odmission)
	FULL NAME OF GENOT IN HOSPITAL OR INSTITUT	TION CIVE STREET	mi B.	1 . / /	1403
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU ADDRESS OR LOCATION)	HON, GIVE STREET	C. CITY OR TOWN		CITY LIMITS?
		to, md 21217	Boltimore		ES NO
	1214 Eupon Place	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E. STREET AND NUMBER		
			2023 Penn.	s Are	
		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years   I	If Under 1 Yr. II Under 24 Hrs. Aonths: Doys Hours Min.
	remote Negro WIDOWED	DIVORCED	5-12-08	63	Total Total
	IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote at forei		12. CITIZEN OF WHAT COUNTRY
	housewife		Alsbams 14	(ontomery)	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	GAV tield MC DAdE		Striph 1	Ic Dade	
	15. Was Deceased Ever in U. S. Armad Forces? (Yas, no or unknown) (If yes, give war ar dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	(00)	ADDRESS
li	Culturen		Durage 1 to	no [ 100	2 Pour Aug
H	18. 4 3 6 7	CAUSE OF DEATH	1	THE JY, WIL	APPROXIMATE INTERVAL
I	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
- []	LEADING TO DEATH	(A) IMMEDIATE CAU	SE Cardia pulmon	in most	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
-	injury or camplication which caused death.)	,/	0.14		
	ANTECEDENT CAUSES	(B) 27.	CVA		5415.
	DISEASES OR CONDITIONS, il any, giving rise la the abave cause (A) stoling the	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)	*******************************		
	7 11				
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
Ш	DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No.	OD SE NOO SELECTION	
$\parallel$	19A. DATE OF OPERATION 19R CONDITION FOR W WAS PERFORMED	MOR OFERATION	No.	10 CERTIFYING CAUSE	S OF DEATH?
-11	U 121 A. ACCIDENT WAS UNDERLYING [21 B. I	LACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Baltimara C	ity, give exact location)
	DEATH (notify modical examiner)	form, factory, street, affi	ice bldg., INJURY OCCUR?	V 02	
	D 21 D-TIME (Month) (Day) (Year) (Hour) 215. 1	NJURY OCCURRED	21F. HOW DID INJU	URY OCCUPY	
	₹ (APPROX) While	At   Not While	I	JKI OCCOR:	
	Wark				
	22. I certify that (I) (this haspital) attended the	deceased fram	1	and the same of th	197/
		Sept 20	19	it İn (my) (aur) opiniai	n death occurred an the date
	and have and from the causes stated above. (1)	Me (did (did nat) vi	ew the bady after death.		
	7/5/3	Atter	ding Med.	4775	B. DATE SIGNED
	23G. PHYSICIAN'S	DEGREE		Staff Phys.	9-20-11
	NAME (Type)	2	3D. ADDRESS	// .	
	AT. E. Bondy	DEGREE	Key Circle	Aspice	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAT	ME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City, 1	own, or county) (State)

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) Mt. Auburn Cemetery

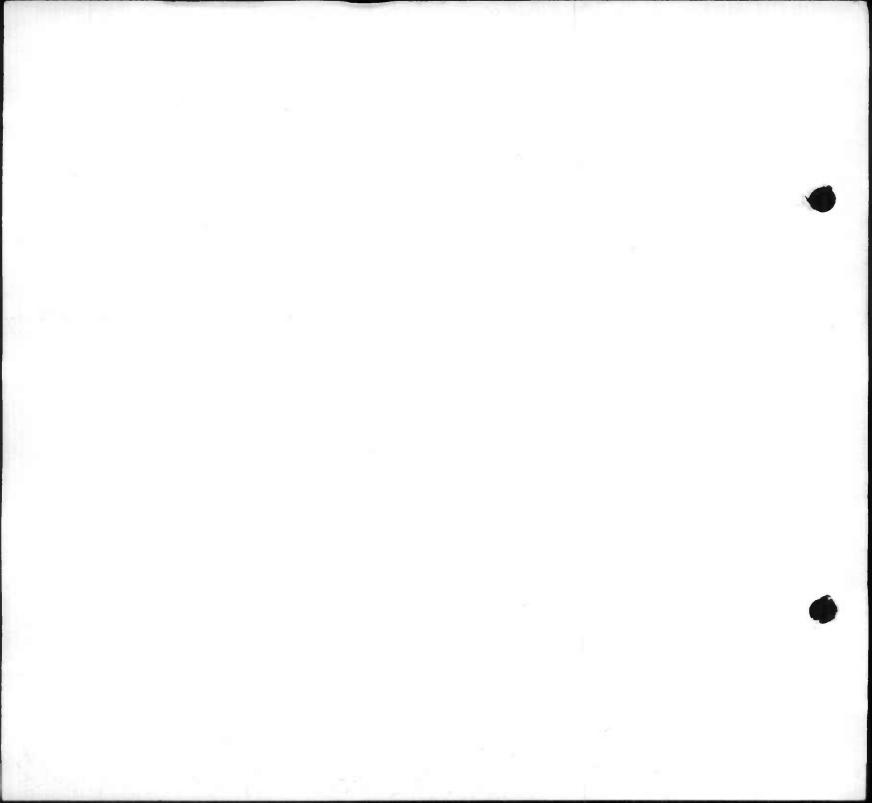
EPT. 258. NAME OF REGISTRAR

Robert E. Jacker, 42.0 0 Me Baltimore, Maryland 25C. FUNERAL DIRECTOR.

Morton & Dyett F. H. 1701 Laurens St.

The Sallie report Long 52108 63 A/12-Bom or the and the second staying 21 614 70 plas 14 16 April to Cake the great PROPERTY OF A PARTY.

-	514 0020	BALTIMORE CITY	HEALTH DEPAR	TMENT		0.0
11	71 8829 RTH NO. 25 Y	CERTIFICA			REG. NO.	8829
СТу	NAME OF DECEASED THOMAS	SHAW		9/2	HOUR OF DEATH	17 pm.m.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESID	B. COUNTY	ecessed lived. If instit	ution: residence before odmission)
H	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	2 Y 0 6			CITY LIMITS?
	Moryland General	Hu 8/2.		Balte		ES NO 15/
-	Moryland General 1827, Linden A	ve.	E. STREET AND	2 40 G	L. yo La	Nothway.
5.	SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	DIVORCED	8. DATE OF BIRTH		AGE (In yeors birthdoy)	f Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE	Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	Md Dyy Dock		DA/ti	more	Md	U.S.A.
	76		14. MOTHER'S M	AAIDEN NAME	,	
15.	Wes Decessed Ever in U. S. Armed Forces? 16.	SOCIAL	17. INFORMANT	- 0h	AW	ADDRESS
(Te	es,na or unknown) (If yes, give war ar dotes of service)	SECURITY NO.	11.4/11.0.	Shan	1-2406- A	I sale About
	18. / 6 3 . / 1	CAUSE OF DEATH	1	0.	) - 2 1 6 6 - X	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Co DI	the "	ne di stin	CLAN
	(This does not meon the mode of dying, e.g., heart laiture, osthenio, etc. It meons the disease,	(A) IMMEDIATE CAU	SE CONSEQUENCE	OF:	/ d f A	
	injury or complication which caused death.		o me-	fustus	es to Ltle	ny
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE	cowoli	um.	
	inse to the obove couse (A) staling the UNDERLYING CONDITION lost.		A CONSEQUENCE	OF:		
	II	(C)				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
U	DISEASE OR CONDITION GIVEN IN PART 1 (A).	CH OPERATION	20A. AUTOPSY	Yes of Noll 20	OR IF YES WERE FINE	DINGS CONSIDERED
CERTIFI	WAS PERFORMED		Refu	sed - "	OB. IF YES, WERE FIN	S OF DEATH?
Ι.	IOP CONTRIBUTING TO CAUSE OF Theme I	CE OF INJURY (e.g., in arm, factory, street, af	or about 21 C. WH fice bldg., INJURY	ERE DID OCCUR?	(II In Baltimore C	ity, give exact lacation)
EDICAL	DEATH (notify medical examiner) (etc.)  21D.TIME (Manth) (Doy) (Year) (Hour) 21E [N]	URY OCCURRED	015.110	/	10 rym	7
ME	(APPROX) While A	Not While		W DID INJURY	OCCUR?	
	22. I certify that (I) (this hospital) attended the d	At Work	9/2	4.58	5m.	/ 911 107/
	that (i) (we) last sow the deceased alive an		19 7/		n(mv) (our) opinio	n deoth occurred on the dote
	and haur and fram the causes stated above. (1) (W				,,, (551, 551,	
	23A, SIGNATURE	Alter	nding Med	d. Staff	ro <del>k</del> i	8. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	Mary	Cond Gen	end
24/	A. RURIAL CREMATION 1248 DATE 124C NAME	DEGREE	827	( Lindo	em Ave	
	BitMOVAL (Specify)	+ 11	D,	24D-10CA	1/	town, or county (State)
25/	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF T	GISTRAR A	25C. JUNERAL	DIRECTOR	Finore	ADDRESS S
	SEP 21 1971 (1664 & Jab	4,43,	Whoesto	pore Dy	ett F.H.	1701-LAUVENS
VS	150-REV. 1/1/68					



N.	4521	BALTIMORE CITY HEALTH DEPARTMENT
(1-		BIRTH NO. 71 8830 CERTIFICATE OF DEATH REG. NO. 71 8830
	dea deas n +	T. NAME OF DECEASED (Type of Print) 2. DATE AND HOUR OF DEATH (Type of Print) (Special Collisions (Rosa) (2. DATE AND HOUR OF DEATH (1. 20)
	of of Ce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)  A. STATE  B. COUNTY
	hos Se G G G	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MORUSON)  1506
	Ca Ca	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO
	0 + 0 L d 0	authoria Inspital Issaital U. North Down
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost bjrthdoy) 11 Under 1 Yr. If Under 24 His. Months; Doys Hours; Min.
		IDA USUAL OCCUPATION (SI) & kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	death ct or c Undet vas in ne dec	done during most of working life/even if retired)  Martin Co N. O U.S A
	if de rect (4) Un was the sposi	13. FATHER'S NAME
Ä	dis	15. Wes Deceased Ever in U. S. Armod Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 17. INFORMANT ADDRESS
MPORTAN		NO SECURITY NO.
Ō	R 4 700.	18. CAUSE OF DEATH APPROXIMATE INTERVAL
<u>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </u>	Also, i e of an nounce attend	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE
OR:	50 - 5	(This does not mean the mode of dying, e.g., heart failure, astheria, elc. It means the disease, injury or camplication which caused death.)
CTO	fra fra	ANTECEDENT CAUSES (8) Careinina o recolhogus a motostan A Month
IREC	e X O E D	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the
		UNDERLYING CONDITION lost. (c) Carcinuma y ocsof hafure metastam of months
AL	5 9 ye = 5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
UNERAL		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED  WAS PERFORMED  2004. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	the chief al by a r.(2) Body ere the o physici efore the	OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location)
	>= 9 £ Z a	DEATH (notify medicot exomine) etc.)
	hosp natur cept w	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work At Work
	SE > X E 5	22. I certify that (I) (this hospital) attended the deceased from 8-29- 197/ 10 9-20- 197/
	of of the part of	that (1) (we) last sow the deceased alive on 4-20-19-7/ and that In(my) four) apinian death accurred on the date
	eased to ident of nospital death)	and how and from the causes stated above. (1) (Me) (did not) view the bady after death.  23A. SIGNATURE    23B. DATE SIGNED
	must releas ccide a hos to do	Attending   Med.   Staff   9 - 2 Ro 7/1   200   Director   Phys.   9 - 2 Ro 7/1   200
		23C. PHYSICAN'S NAME (Pipe) JASON SAMUEL M.D., 730. Abbreton street Rallmon, 19021216
	certificate oody was rs: (1) An a D.O.A. at ased prior	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. EQCATION (City, town, or county) (Stote)
	This certif the body shows: (1) was D.O. deceased written a	DUNING 9-24-71 ILL FUDUN EMEN BALLINGE ME 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C/FINNERAL DIRECTOR ADDRESS 5
	This the I show was dece	SEP 21 1971 Robert E. Jaben, 20. 125C FUNERAL DIRECTOR LIVE HE TO LANGUAGES
		VS 150-REV. 1/1/68



1.525

VS 151-REV. 1/1/68

171 8831 MEDICAL EXAMINER'S	CERTIFICATE	OF DEAT	H REG. NO	71 8	831	
1. NAME OF DECEASED (Type or Print)	2. DATE Known	Month	Day	Year	Hour	
ROBERT JOHNSON	OF DEATH Estimolec	1 🗆			The same	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE PRONOUNCED DEA	Manth	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) OR INSTITUTION		9	20	1971	2:30	- M.
1704 W. Lafayette Ave.	5. USUAL RESIDENCE (A. STATE	Where deceased I	B. COUNTY	on: residence b	efore admiss	ion)
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE	CITY LIMITS?		
male negro WIDOWED DIVORCED	Balto			YES &	NO 🗆	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. 11 Under 24 Hrs.  April 15, 1938 10. AGE (In years If Under 1 Yr. 11 Under 24 Hrs.  Months, Doys I Haurs I Min.		W. Moshe				
11. BIRTHPLACE (State or foreign country)  Baltimore, Mai yland  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Robert	W. Johns	on			
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done during most of warking life, even if refired)	Y 15. MOTHER'S MAIDEN					
16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL	18. INFORMANT			ADDRESS		
(Yes, no ar unknawn) (If yes, give war or dates of service) SECURITY NO.	Mrs. Viola	Johnson			venue	
19. CAUSE OF DEA	ATH				PROXIMATE IN	
DISEASE OR CONDITION DIRECTLY Gunshot wo	und of head			IDE! AA	EEN ONSEL AF	ID DEATH
LEADING TO DEATH (A)IMMEDIATE						
	AS A CONSEQUENCE OF:					
injury ar camplication which caused death.)						
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:					
UNDERLYING CONDITION LAST						
OF II						
C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	1		21. AUTO	PSY? (Yes or	No)
				yes		
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., home, farm, loctory, street, olfi basement  22D. TIME (Month) (Day) (Year) (Hour) 122E INJURY OCCUPPED	in or about 22C. WHERE bldg., etc.) INJURY OCC	DID (If In Boltimo	re City, give e	roct locotion)	. 72	
☐ UTING ☐ CAUSE OF DEATH. basement	1704 W	<ol> <li>Lafaye</li> </ol>		100	03	
	22F. HOW DI	D INJURY OCC	UR?			
(APPROX.) 9-29-71 2 a m. WORK AT WORK	WHILE Shot S	self.				
		on this basis,				
resulted from: Notural causes Accident Suici	de X Homicide	Undetermi	ned monner			
ACTUAL SCHOOL SCHOOL	CHIEF MEDI	CAL EXAMINER	X		DATE SIGN	IED
SIGNATURE M.C	ASSISTANT MEDI	CAL EXAMINER			DAIL SIGIR	
EXAMINER'S Russell S. Fisher, M.D.	ASSOCIATE MEDI	CAL EXAMINER			9-20-7	1
NAME (Type) RUSSETT 5. FISHET, FI.D.  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY	gr CREMATORY	24D. LOCATION	(City to)	n, or county)		
REMOVAL (Specify)					(Stote	"
Burial 9-23-71 Mt. Auburn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		Baltimo				
00.000	25C. FUNERAL DI			ADDRESS	nc C+	
SEP 21 1971 Robert E. Jarber Man	Morton &	DYELL P.	11. 170	Laure	113 3 6	

trible to a supplier of the su monolist, 11 research the name of the same Mary Mary Commence of the Comm en kan, a til til til samme som en som en som en som en som en som en som en som en som en som en som en som e Parameter (1981 . No. 3) 198/01 of matter and the control of the c

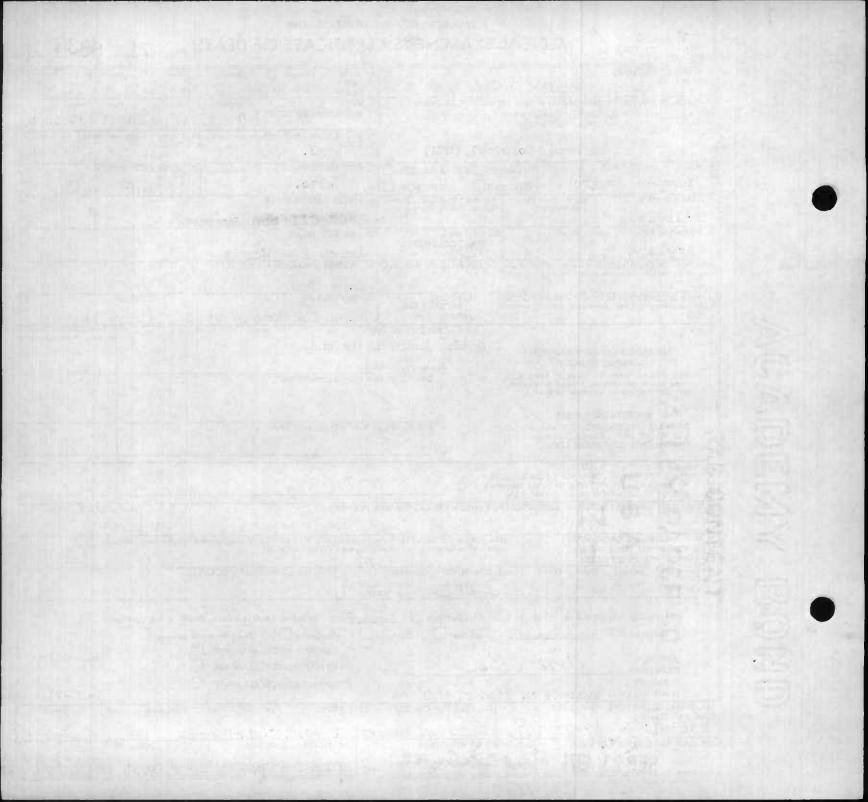
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171 8832 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 1 8832
I. NAME OF DECEASED  (Type or Print)  STEWART SCRIBNER	2. DATE Known   Month Doy Yeor Hnur OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 9 20 1971 2:30 a
1704 W. Lafayette Ave.	5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE  Md.  B. COUNTY  701
6. SEX 7. RACE B. MARRIED NEVER MARRIED X	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male negro WIDOWED DIVORCED P. DATE OF BIRTH 10.AGE (In years   # Under I Yr, II Under 24 Hrs.	Balto. YES NO
1-8-53   Iost birthdoy)   Months, Doys, Hours, Min.	19 N. Fulton Ave.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Maryland WHAT COUNTRY?	Stanley V. Scribner
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even il retired)  STUDENT	Theresa Duppins
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dotes of service)   17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
3200000 700	Theresa Scribner 19 N. Fulton Street
19. CAUSE OF DEA	APPROXIMATE INTERVA BETWEEN ONSET AND DE
	und of head
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE  DUE TO OR	
heart loilure, astherio, etc. It means the disease, Injury or complication which caused death.)	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g.,	In or about 22C. WHERE DID (If In Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, loctory, street, office	e bldg., etc.) INJURY OCCUR?
UTING ☐ CAUSE OF DEATH.  Dasement  22D. TIME (Month) (Day) (Year) (Hour)   22E.INJURY OCCURRED	22E. HOW DID IN HURY OCCUP?
OF INJURY (APPROX.) 9-20-71 2 a m. WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE Shot by assailant.
23.	topsy K and that an this basis, death in my apinian
resulted fram: Natural causes Accident Sulci	
	CHIEF MEDICAL EXAMINER 🗵
SIGNATURE O Mykey M. O. M.	ASSISTANT MEDICAL EXAMINER DATE SIGNED
Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER  9-20-7
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
Burial 9-23-71 New Cathedra	
SEP 21 1371 Pober E. Jarbey K.D.	25C. FUNERAL DIRECTOR ADDRESS Morton & Dyett F. H. 1701 Laurens St.
VS 151-REV. 1/1/68	

	Semilar V.		
	- 100 02:00 T		
and the second second			
		EFF. CT	

1 W. 320

BIRTH N	1-863	33MED	OICAL		INER'S		CATE O	F DEAT	H REG. NO	11 8	3833
	OF DECEASED	. Woods	N an	4743		2. DATE OF	Known   Estimated	Month	Doy	Yeor	Hour
	IN BALTIMORE,	MARYLAND, Y				3. DATE		Month	Doy	Yeor	Hour M.
FULL NAM HOSPITAL OR INSTITE	AD	NOT IN HOSPITA	ALORINS	TITUTION, GIV	E STREET		UNCED DEAD	9	19	1971	10:30 a <sub>м.</sub>
1	16	Lutheran	Hosp	ital (D	OA)	S. USUAL R A. STATE	ESIDENCE (Who	re deceased liv	ed. If Institution B. COUNTY	: residence	before odmission)
6. SEX	7. RACI		B. MARR	HED NEVE	R MARRIED	C. CITY OF			D. INSIDE CIT	Y LIMITS?	
		egro	WIDOW		DIVORCED		lto.		YE	s 🖺	NO 🗆
9. DATE (	1-1971	lost birthdo			Hours Min.		Clifto	n Arron			
	PLACE (Stole or for	oreign country)		12. CITIZEN WHAT CO		13. FATHER	'S NAME		ue		
14A.USUA	CCUPATION	Give kind of work	14B. KIND	OF BUSINES	S OR INDUSTRY	V 15. MOTHE	S Lee W	oods			
Chi	most of working lile	e, even il retired)				Lucy	/ =.				
16. WAS E	ECEASED EVER	IN U.S. ARMED	FORCES	7 17. 500		IB. INFOR			AD	DRESS	
INO	Jikilowily (II yes, gr	ve wor or doles	or service	Non	CURITY NO.	James	Lee Wo	ods 29	na clii	fton	Augnue
19.	DISEASE OR CO	I NDITION DIRECTOR	CTLY		n Death	าห in Infa		000 25	02 0111	AP	PROXIMATE INTERVAL ZEEN ONSET AND DEATH
heor	does not mean it loilure, osthenia, ry or complication	the mode of dy	disease.		DUE TO, OR	AS A CONSEQ	UENCE OF:				
I UNI	ANTECEDE EASES OR CONE TO THE ABOVE DERLYING CON	NT CAUSES DITIONS, IF ANY CAUSE (A) STAT DITION LAST.	, GIVING ING THE		(B)	AS A CONSEC	QUENCE OF:				
DISE TO	ER SIGNIFICANT OF THE DEATH BUT NEW TASE OR CONDITION	ON GIVEN IN PA	THE TERMI	ING NAL							
20A. D	ATE OF OPERAT	ION 208. CON	IDITION	FOR WHICH O	PERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)
- DIC-	1					1.5			n	yes	
日 UTING	EXTERNAL CAU RLYING OR CO CAUSE OF D	ONTRIB-		228. PLACE O home, farm, for	F INJURY (e.g., street, office	in or about 2 bldg., etc.) If	C. WHERE DID	(il in Boltimore	City, give exac	t location)	
≥ 22D. OF INJ (APPRO	URY	(Doy) (Year)		WHILE AT	Y OCCURRED.	WHILE	2F. HOW DID IN	NJURY OCCU	R?		
23.	I certify that	I hald an I	nquiry [	1	AT W						
	resulted fram:		-			ODSY X	and that on				
	resorted frum.	Mujurar cour	/	Accident	Sulcid		MICIDE L		ed monner X	]	
	CTUAL GNATURE	000	FIL	her		ACCIO	TANT MEDICAL		<u> </u>		DATE SIGNED
	XAMINER'S				M.D.		CIATE MEDICAL		ī		
24A. BURIA	AL CREMATION,	Russell 24B. DATE	S. F:	isher, 1	M.D.			LOCATION	(City town		9-20-71
REMOVAL Buri			1077						(City, town,	or county)	(Stote)
	REC'D BY HEALT	9-23-1 H DEPT.		Arbu	CUS Mem	orial	Park Ba	ltimor		0.	Maryland
	SEP 21	1971 (	Best	E, Jab	L. A. A. I		TER FUN			DRESS	NODE
VS 151-REV	. 1/1/6B					1 2 2	5 5	PIVATI II	OME 30	30 W.	NORTH A



VS 150-REV. 1/1/68

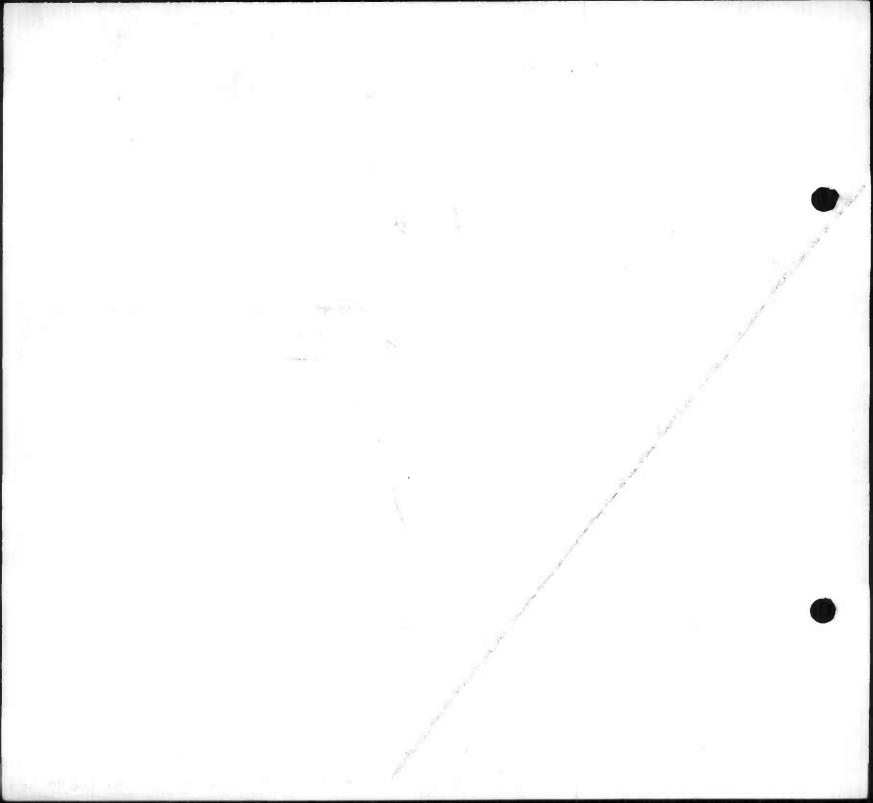
a hospital and

BALTIMORE	CITY	HEALTH	DEPARTMENT
DI 12 1111 C1CC	-111	110000	DRI WK I WEIA!

REG. NO	88343
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North

1.	IRTH NO.	8834		CERTIFICA	ATE OF DEATH REG. NO. 1 SANSAN
	NAME OF DEC			OEK TII TO	2. DATE AND HOUR OF DEATH
(1)	ype or Print)	Samuel E. Ha	Imon		September 17, 1971
3,	PLACE IN BAL	TIMORE MARYLAND, Y	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admir
FL	ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION CIVE STREET	MARYLAND 2799
н	OSPITAL OR	ADDRESS OR LOC	ATION)	TION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?
i	00	3607 00	TOUNT	MUE.	BALTIMORE YES Y NO
	00				E. STREET AND NUMBER
5.	SEX	6. RACE	1-	<u> </u>	3607 OAKMOUNT A VENUE
	MALE			NEVER MARRIED	8. DATE OF SIRTH 9. AGE (in yours If Under 1 Yr. II Under 24 Manths; Days Haus; M
10/	A. USUAL OCCU	NEGRO PATION (Give kind of work	WIDOWED 108 KIND OF	DIVORCED DIVORCED	12/6/29 47
901	ne coming mass of a	rdiking life, even ir refired;			11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COU
	ongshor		Curtis	s Bay	Maryland U.S.A.
					14. MOTHER'S MAIDEN NAME
	Henry H		2	14 00014	Hartense Brown
		Ever in U. S. Armed Far (II yes, give war or dota	s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Yes	World War	II	218-18-3669	Gertrude Harmon 3607 Oakmont Avenue
	18. 4/6	7.31		CAUSE OF DEAT	APPROXIMATE INTERV
		OR CONDITION DIS	RECTLY	17> <b>M</b>	1) 10. Il mystell to all
	(This does no	I mean the mode of	dying, e.g.,	(A)IMMEDIATE CAL	
	heart tailure, a	sthenia, etc. It means dication which caused	the disease.	DOE 10, OK AS	A CONSEQUENCE OF: Carling arest
	A	NTECEDENT CAUSES			
	DISEASES OF	R CONDITIONS. II	any, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:
	rise in the	abave cause (A) CONDITION last,	stating the		
		CONDITION IUSE		(C)	
z		4.4			
0	OTHER SIGNIFIC	II CANT CONDITIONS CON	NTRIBUTING		
ATIO	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CANT CONDITIONS CON BUT NOT RELATED TO THE NOTION GIVEN IN PART	E TERMINAL	***************************************	
IIFICATIO	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF	CANT CONDITIONS CO	IE TERMINAL 1 (A). DITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFICATIO	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF	CANT CONDITIONS COI BUT NOT RELATED TO THE INDITION GIVEN IN PART DPERATION 198. CONI WAS PERF	IE TERMINAL  1 (A).  DITION FOR WE  ORMED		20A-AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUT	CANT CONDITIONS COI BUT NOT RELATED TO TH NOTION GIVEN IN PART OPERATION 198. CON WAS PERF	E TERMINAL  1 (A).  DITION FOR WE  ORMED  21 8. P.  home,	LACE OF INJURY (e.g., ir	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Tor about 21C, WHERE DID (II In Baltimare City, give exact location)
	OR CONTRIBUT DEATH (notify :	CANT CONDITIONS CON BUT NOT RELATED TO THE NOT RELATED TO THE NOTION GIVEN IN PART OF THE NOTION WAS PERFORMED CAUSE OF THE CAUSE OF THE NOTION OF THE NOTIO	IE TERMINAL [1 (A). DITION FOR WIORMED  21 8. P. home,	LACE OF INJURY (e.g., in form, factory, street, of	n or about 21 C. WHERE DID (II In Baltimare City, give exact location)
	OR CONTRIBUT DEATH (notify : 21 D. TIME OF INJURY	CANT CONDITIONS COI BUT NOT RELATED TO TH NOTION GIVEN IN PART OPERATION 198. CON WAS PERF	E TERMINAL 1 (A). DITION FOR WE ORMED  21 8. P. home, elc.J	LACE OF INJURY (e.g., in form, factory, street, of	n or about 21 C. WHERE DID (II In Baltimare City, give exact focation)
MEDICAL	OR CONTRIBUT DEATH (notify r 21D.TIME OF INJURY (APPROX.)	CANT CONDITIONS CON BUT NOT RELATED TO THE NOT RELATED TO THE NOTION OF PRACTION 198. CON WAS PERFORMED CAUSE OF medical examined	E TERMINAL  1 (A).  DITION FOR WI  ORMED  21 8. P.  home, elc.J.  (Hour)  21 E. II  While  Work	LACE OF INJURY (e.g., in form, factory, street, of off)  NJURY OCCURRED  At	n of about 21 C. WHERE DID (II In Baltimare City, give exact location) fice bidg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?
MEDICAL CERTI	OR CONTINEUT DEATH (notify r 21D-TIME OF INJURY (APPROX.) 22. I certify t	CANT CONDITIONS CON BUT NOT RELATED TO THE NOT RELATED TO THE NOTION OF PROPERTION 198. CON WAS PERFORMED CAUSE OF medical examined (Month) (Day) (Year)	IE TERMINAL  1 (A).  DITION FOR WI  ORMED  21 8. P.  home, elc.)  (Hour)  21E, II  While  Work	LACE OF INJURY (e.g., ir form, factory, street, of street)  NJURY OCCURRED  At Not White At Work  deceased from	or about 21C. WHERE DID (II In Baltimare City, give exact location)  1 INJURY OCCUR?  21F. HOW DID INJURY OCCUR?
MEDICAL	OR CONTRIBUT DEATH (notify r 21D.TIME OF INJURY (APPROX.) 22. I certify to that (Î) (we) I	ANT CONDITIONS COT BUT NOT RELATED TO THE NOT RELATED TO THE NOTION GIVEN IN PARTY OF THE NOTION WAS PERFORMED CAUSE OF medical examines (Month) (Day) (Year)  That (1) (this hospital) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	IE TERMINAL  1 (A). 10110N FOR WI ORMED  218. P home, elc. (Hour) 21E. II While Work  attended the	LACE OF INJURY (e.g., ir form, factory, street, of NJURY OCCURRED  At Not White At Work  deceased from	21F. HOW DID INJURY OCCUR?  (II In Baltimare City, give exact location)  21F. HOW DID INJURY OCCUR?  3//0  19 7/ ta 9/// 19 7/  and that Infmy) (aur) apinion death accurred on the
MEDICAL	OR CONTRBUT DEATH (notify r 21D-TIME OF INJURY (APPROX.) 22. I certify t thay (1) (we) 1 and haur and	CANT CONDITIONS COT BUT NOT RELATED TO THE NOT RELATED TO THE NOTION OF PROPERTION 198. CON WAS PERFORMED CAUSE OF medical examined  (Month) (Day) (Year)  (And the second of the second	IE TERMINAL  1 (A). 10110N FOR WI ORMED  218. P home, elc. (Hour) 21E. II While Work  attended the	LACE OF INJURY (e.g., ir form, factory, street, of NJURY OCCURRED  At Not White At Work  deceased from	21F. HOW DID INJURY OCCUR?  (II In Baltimare City, give exact location)  21F. HOW DID INJURY OCCUR?  3//0  19 7/ ta 9/// 19 7/  and that Infmy) (aur) apinion death accurred on the
MEDICAL	OR CONTRIBUT DEATH (notify r 21D.TIME OF INJURY (APPROX.) 22. I certify to that (Î) (we) I	CANT CONDITIONS COT BUT NOT RELATED TO THE NOT RELATED TO THE NOTION OF PROPERTION 198. CON WAS PERFORMED CAUSE OF medical examined  (Month) (Day) (Year)  (And the second of the second	IE TERMINAL  1 (A). 10110N FOR WI ORMED  218. P home, elc. (Hour) 21E. II While Work  attended the	LACE OF INJURY (e.g., in form, factory, street, of stre	21F. HOW DID INJURY OCCUR?  [II In Baltimare City, give exact location]  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?
MEDICAL	OR CONTRIBUT DEATH (notify r 21D. TIME OF INJURY (APPROX.) 22. I certify that (i) (we) i and haur and 23A. SIGNATUR	CANT CONDITIONS COT BUT NOT RELATED TO THE MINDITION GIVEN IN PART OPERATION 19B. CONI WAS PERF T WAS UNDERLYING 1 THE CAUSE OF medicol exomined  Month) (Day) (Year)  That (1) (this hospital) ast saw the deceased from the causes state  Constant of the cause of the cause	IE TERMINAL  1 (A). 10110N FOR WI ORMED  218. P home, elc. (Hour) 21E. II While Work  attended the	LACE OF INJURY (e.g., in form, factory, street, of off)  NJURY OCCURRED  At Not White At Work  deceased from (We) (did) (did nat)	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?
MEDICAL	OR CONTRIBUT DEATH (notify r 21D. TIME OF INJURY (APPROX.) 22. I certify that (i) (we) i and haur and 23A. SIGNATUR	CANT CONDITIONS COT BUT NOT RELATED TO THE MINDITION GIVEN IN PART OPERATION 19B. CONI WAS PERF T WAS UNDERLYING 1 THE CAUSE OF medicol exomined  Month) (Day) (Year)  That (1) (this hospital) ast saw the deceased from the causes state  Constant of the cause of the cause	IE TERMINAL  1 (A). 10110N FOR WI ORMED  218. P home, elc. (Hour) 21E. II While Work  attended the	LACE OF INJURY (e.g., ir form, factory, street, of form, factory, street, of NJURY OCCURRED  At Not White At Wark  deceased from  (We) (did) (did nat) vi	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  23F. DATE SIGNED  23B. DATE SIGNED
MEDICAL	OR CONTRIBUT DEATH (notify r 21D-TIME OF INJURY (APPROX.)  22. I certify t that (i) (we) I and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ E 4 )	CANT CONDITIONS COT BUT NOT RELATED TO THE INDITION GIVEN IN PART OPERATION 19B. CONI WAS PERF I WAS UNDERLYING 1 ING CAUSE OF nedicol exomined (Month) (Day) (Yeor)  That (1) (this hospitol) ast saw the deceased from the causes state  E  OH  OH  OH  OH  OH  OH  OH  OH  OH	(Houd) 21E II While Work  attended the d alive an ed obove. (1)	LACE OF INJURY (e.g., ir form, factory, street, of form, factory, street, of the	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?
MEDICAL	OR CONTRIBUT DEATH (notify r 21D-TIME OF INJURY (APPROX.)  22. I certify t that (i) (we) I and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ E 4 )	CANT CONDITIONS COT BUT NOT RELATED TO THE INDITION GIVEN IN PART OPERATION 19B. CONI WAS PERF I WAS UNDERLYING 1 ING CAUSE OF nedicol exomined (Month) (Day) (Yeor)  That (1) (this hospitol) ast saw the deceased from the causes state  E  OH  OH  OH  OH  OH  OH  OH  OH  OH	(Houd 21E II While Work attended the dailye an ed obove. (1)	LACE OF INJURY (e.g., ir form, factory, street, of form, factory, street, of NJURY OCCURRED  At Not White At Wark  deceased from  (We) (did) (did nat) vi	and about 21C. WHERE DID (II In Baltimare City, give exact location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  3//0 19 7/ ta 9/// 19 7/  19 7/ and that in(my) (aur) apinian death accurred an the lew the bady after death.  23B. DATE SIGNED 9-20-7/  3D. ADDRESS  2300 GARRISON BOULEVARD
MEDICAL	OR CONTRIBUT DEATH (notify r 21D. TIME OF INJURY (APPROX.) 22. I certify t thay (i) (we) 1 and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ EL) BURIAL CREM REMOVAL (Sp	ANT CONDITIONS COT BUT NOT RELATED TO THE NOT RELATED TO THE NOTION GIVEN IN PARI OPERATION 19B. CONI WAS PERF T WAS UNDERLYING 1 THE CAUSE OF THE NOTION (Year)  (Year)	(Houd) 21E II While Work  attended the dalive an add obove. (1)	LACE OF INJURY (e.g., ir form, factory, street, of form, factory, street, of form, factory, street, of the form, factory, street, of the form, factory, street, of the form, factory, street, of the factory, street,	and that In(my) (aur) apinian death accurred an the death bidged Med.  Director Phys.  Directo
MEDICAL	OR CONTRIBUT DEATH (notify r 21D-TIME OF INJURY (APPROX.)  22. I certify t that (i) (we) I and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ E 4 )	ANT CONDITIONS COT BUT NOT RELATED TO THE NOT RELATED TO THE NOTION GIVEN IN PARI OPERATION 19B. CONI WAS PERF T WAS UNDERLYING 1 THE CAUSE OF THE NOTION (Year)  (Year)	(Houd) 21E II While Work  attended the dalive an add obove. (1)	LACE OF INJURY (e.g., ir form, factory, street, of form, factory, street, of form, factory, street, of the form, factory, street, of the form, factory, street, of the form, factory, street, of the factory, street,	and a position of about 21C. WHERE DID (II In Baltimare City, give exact location)  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  3//0 19 7/ ta 9/// 19 7/  and that In(my) (aur) apinian death accurred an the lew the bady after death.  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  23D. ADDRESS  23OO GARRISON BOULEVARD  WATORY  24D. LOCATION (City, lawn, or county) (Stoke of the property of
WEDICAL H	OR CONTRIBUT DEATH (notify r 21D. TIME OF INJURY (APPROX.) 22. I certify t thay (i) (we) 1 and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ EL) SURIAL CREM REMOVAL (Sp	ANT CONDITIONS COT BUT NOT RELATED TO THE NOT RELATED TO THE NOTION GIVEN IN PARI OPERATION 19B. CONI WAS PERF T WAS UNDERLYING 1 THE CAUSE OF THE NOTION (Year)  (Year)	(Houd) 21E. II While Work  attended the dalive an ed obove. (1)  CLUMBER  24C. NAM	LACE OF INJURY (e.g., ir form, factory, street, of form, factory, street, of form, factory, street, of the form, factory, street, of the form, factory, street, of the form, factory, street, of the factory, street,	and that In(my) (aur) apinian death accurred an the death bidged Med.  Director Phys.  Directo



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

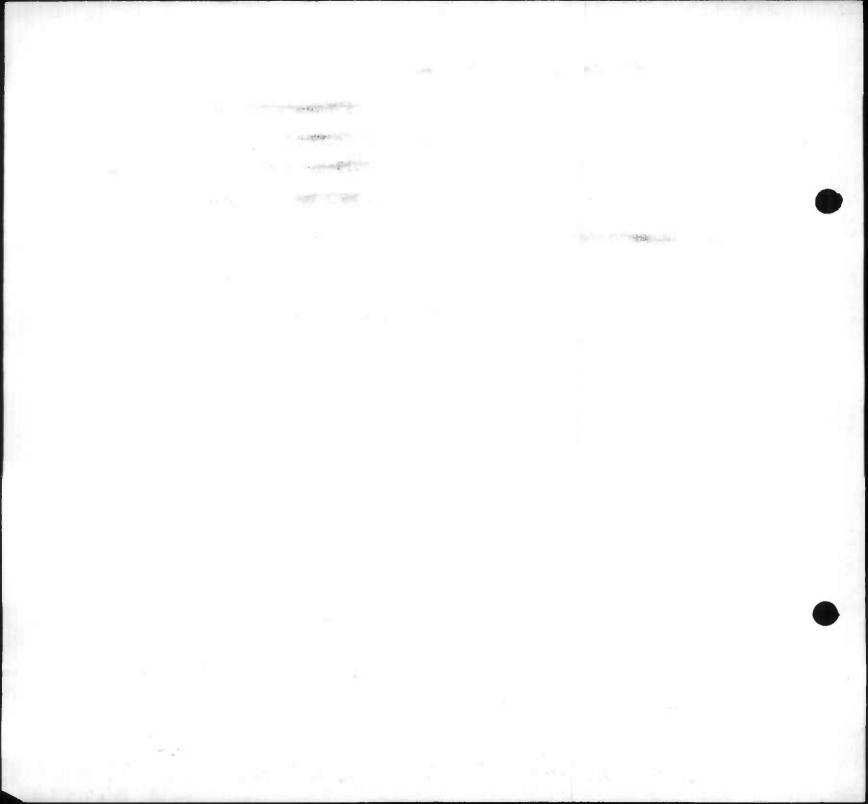
71	8835		TY HEALTH DEPARTMENT	REG. NO. 74 9835			
INAME OF D	CEASED		ATE OF DEATH				
(Type or Print)	rinceAlber	t Mason	2. DATE AND HO				
3. PLACE IN B	LTIMORE, MARYLAND, V	HERE PRONOUNCED DEAD	Sept. 1	8, 1971   10:35 p.			
FULL NAME O			D. COUNTY				
HOSPITAL OR ADDRESS OR LOCATION)			Maryland C. CITY OR TOWN				
20	Provident Hos		Baltimore	D. INSIDE CITY LIMITS?  YES K NO			
37		Heights Avenue	E. STREET AND NUMBER				
	Baltimore, Ma		1102 Druid Hi	ll Ave. Apt. 702			
5. SEX	6. RACE	7. MARRIED X NEVER MARRIED	lost his	thday)   If Under 1 Yr.   If Under 24   Months; Days   Hours   Min			
Male	Negro	WIDOWED DIVORCED	1 2-6-1889				
done dorning most (	working me, even il tenteo!		RY 11. BIRTHPLACE (Stote or foreign cou	ntry) 12. CITIZEN OF WHAT COUN			
Labore		Abex Corporation		U. S. A.			
13. FATHER'S N.			14. MOTHER'S MAIDEN NAME				
1	m Mason		Mary Eliza Hir	ies			
(Yes, no ar unknow	d Ever in U. S. Armed For n) (If yes, give war or date	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
No		216-10-9588	Mrs. Ethel Masor	1 1102 Druid Hill Ave			
DISEASES rise to the UNDERLYIN	nat mean the mode of asthenia, etc. It means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) G CONDITION last	the disease, death.)  Only, giving stating the (C)	S A CONSEQUENCE OF:  (All ACCULT Male)  S A CONSEQUENCE OF: Clish	morces of 18 hor			
TO THE DEA	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	IF TERMINAL	***************************************				
E O DATE O	OPERATION 198 CON	DITION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes of No.) 20B. IN C	IP YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?			
OR CONTRIB	NT WAS UNDERLYING DITING CAUSE OF medicol examined		in or obout 21 C. WHERE DID affice bldg., INJURY OCCUR?	(If In Baltimore City, give exoci location)			
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E INJURY OCCURRED	21F. HOW DID INJURY O	CUR?			
< (APPROX.)		While At Work At Work					
22. I certify	that (1) (this hospital)	attended the deceased from	7-15-71 19	to 9-18-71 10			
	last saw the decease			y) (our) opinion death occurred on the de			
and haur on	fram the causes state	ed above. (i) (We) (did) (did not)		or the de			
23A. SIGNAT	IRE () 4 D			23B, DATE SIGNED			
	Much >	Mundey OF Ph	ending Med. Staff Phys.				
23C. PHYSICIA	N'S vpe)	OEGREE "	23D. ADDRESS				
		indere	2200 Gardin	a Read			
24A. BURIAL CRE	Or Elijah Sau MATION, 248. DATE	24C. NAME of CEMETERY OF C	EMATORY 24D. LOCATION	N ICity, town, or county) (State)			
Burial	9-22-7	1 Arbutus W-	Baltim	,, , , , , , , , , , , , , , , , , , , ,			
	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS			
SE	P21 19/1 04	Bert E. Varber, M.D.	NUTTER JUNERAL	HOME 3035 W. NORTH			
	L N T PUT T		THE THE WOLLD KAT	HOME 3033 W. NORTH			

The state of the state of P. T. Co. TEMPOR TOWN THOUSE STORY OF THE TOWN

VS 150-REV<sub>e</sub> 1/1/68

a hospital and

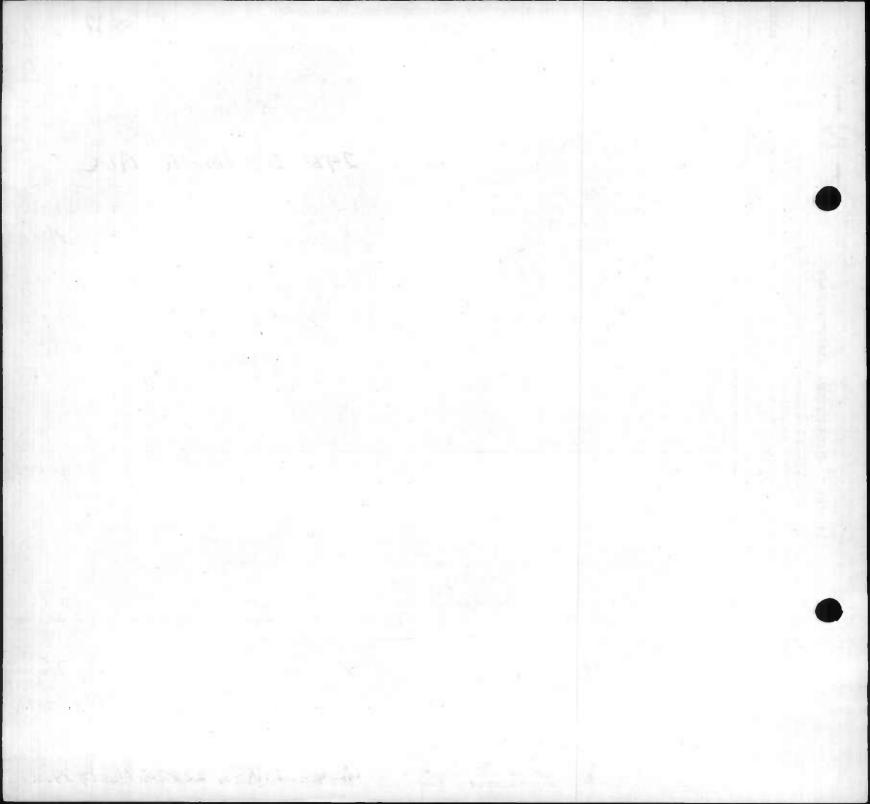
	74	8836			HEALTH DEPARTMENT	REG. NO.	71 8836
	TH NO.			CERTIFICA	TE OF DEATH	KEO. 110	- 5000
	AME OF DECI	ouis Ralph	Tucker		2. DATE A	NO HOUR OF DEATH	9:00 P M
3, 1	LACE IN BALT	MORE MARYLAND, V	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WHA, STATE B. COU	ere deceased lived. If	institution: residence before admission
II HO	LL NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT	TAL OR INSTITU	TION, GIVE STREET	Maryland c.city or town	A	SIDE CITY LIMITS?
-	1	THERAN	Hos	PITAL	Baltimore E. STREET AND NUMBER		YES L NO
	13	so Ashb	urton	84	3313 Sequoi	a Avenue	
5. S	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Ye., If Under 24 His. Months! Doys Hours: Min.
	ale	Negro	WIDOWED [	DIVORCED	3-23-1922	49	Nonas boys Hours Non.
t0A,	USUAL OCCU	PATION (Give kind of working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	ngshor		Water	Front	New Jersey		USA
13.	ATHER'S NAW	18			14. MOTHER'S MAIDEN NA	ME	
	Newton	Tucker			Blanche Th	lomas	
15. V (Yes	Was Deceased	Ever in U. S. Armed For	rcos?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes	World War			Mrs. Alice C	Tucker 3	3313 Sequoia Ave.
	18. ///	0.91		CAUSE OF DEAT		Λ .	APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY	Jeul	e toyo our	eial trip	Western ONSET AND DEATH
1 1	(This does no	I mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE () A CONSEQUENCE OF:	`)	
	heart lailure, a	asthenia, etc. It means plicotion which caused	the disease, deoth.)	50210,0170	OUNGE OF THE ON		N.
	A	NTECEDENT CAUSES					1
		R CONDITIONS, IF		DUE TO, OR AS	A CONSEQUENCE OF:	*********************	
		above cause (A) CONDITION last	stoting the	(c)			
		11		(0)			
Ĕ	TO THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINAL	***************************************		***************************************	
TIFIC	19A.DATE OF	OPERATION 198. CON WAS PER	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
	OR CONTRIBUT	T WAS UNDERLYING	218, home etc.)	PLACE OF INJURY (e.g., in term, foctory, street, of	or obout 21 C. WHERE DID	(If In Boltimo	re City, give exoct location)
MEDI	21 D. TIME OF INJURY (APPROX)	(Month) (Doy) (Your)		INJURY OCCURRED  Not While	21f. HOW DID IN	JURY OCCUR?	•
	22. 1 certify (	that (1) (this hospital			9-18	19 [ ta	9-18 100
		lost sow the decease		9-18	71		nian death occurred on the date
	-			(We) (dld) (dld not) v	lew the bady after death.	* * *	The second of the sold
	23A STONATUR		D				23B, DATE SIGNED
	(7Ke	ROUD the	certar	\   0h	Med. Director	Staff Phys.	9-18-21
	23C. PHYSICIAN NAME (Ty DR.	REGORIO MA	ARFORT	To the state of th	3D. ADDRESS	la bus Los	
24A	BURIAL CREA	ATION, 24B, DATE		DEGREE ME of CEMETERY OF CRE	MATORY 24D.	OCATION IC	ity, town, or county) (Stote)
Ш.	Burial	9-22-7	1 9+	Talent			
I france		BY HEALTH DEPT.	258 NAME OF		25C. PUNERAL DIRECTO		ADDRESS
	JET	AT MI NO	est E. Na	men Leading	NUTTER RUN	ERAL HOME	3035 W. NORTH AVE



FUNERAL DIRECTOR: IMPORTANT

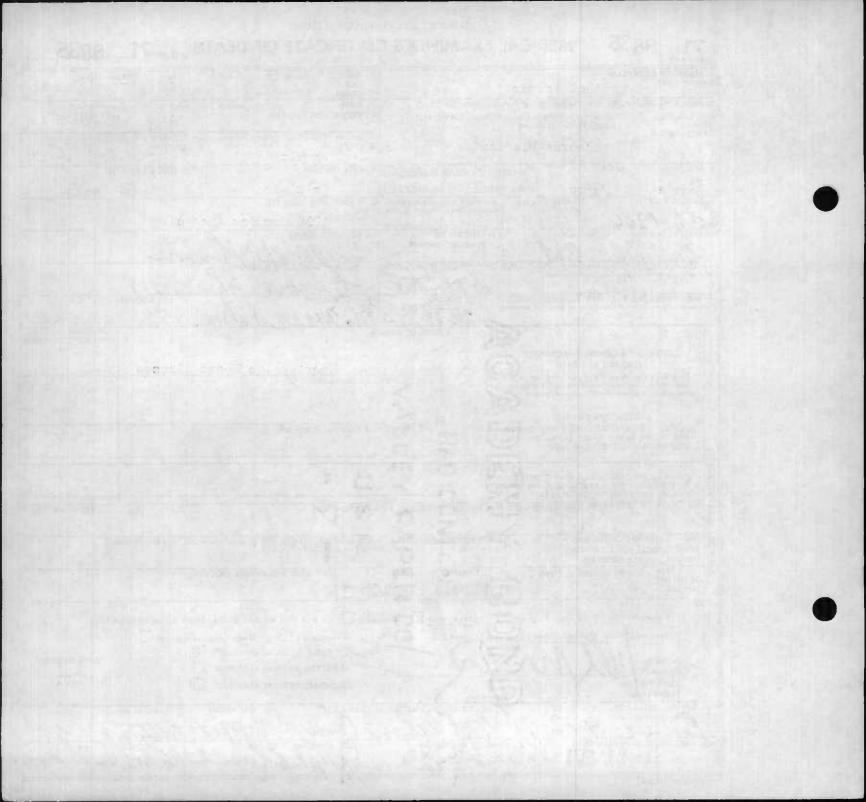
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH REG. NO. 71 8837
1. NAME OF DECEASED Fanne Williamenton 2. DATE AND HOUR OF DEATH (Type of Print) 8: 15Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Whole deceosed lived. If institution: residence before odmission)  A. STAJE  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN  INSTITUTION  O. INSIDE CITY LIMITS?
Jallemare YES NO
Convalescent Home 2431 Woodbrook Ave
S. SEX   6. RACE   7. MARRIED   B. DAYE OF BIRTH   9. AGE (In yeors lost birthdoy)   Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country)    12. CITIZEN OF WHAT COUNTRY!
Housewife Virginia 1.5.H.
13. FATHER'S NAME 14. MOTHER'S MAINEN NAME MEGALE
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT 24/3   Wordling ADDRESS 18. SECURITY NO.
(215-44- Mir. Sylvanus Newton (Husband)
DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  OZ-97  DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (A)IMMEDIATE CAUSE Incumoned 24 hours
(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if ony, giving  OUE TO, OR AS A CONSEQUENCE OF:
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE TERMINAL BUT OF THE DEATH BUT NOT RELATED TO THE TERMINAL BUT OF THE DEATH BUT NOT RELATED TO THE TERMINAL BUT OF THE DEATH BUT NOT RELATED TO THE TERMINAL BUT OF THE DEATH BUT NOT RELATED TO THE THE THE THE THE THE THE THE THE THE
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 120A. AUTOPSY? (Yes of No.) 20B. IF YES WERE FINDINGS CONSIDERED
WAS PERFORMED  WAS PERFORMED  IN CERTIFYING CAUSES OF DEATH?  IN CERTIFYING CAUSES OF DEATH?  IN CERTIFYING CAUSES OF DEATH?  IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
Work Work
22. I certify that (I) (this haspital) attended the deceased from 19/1 to 19/1
that (1) (we) last saw the deceased alive an
and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.    23A. SIGNATURE   AAD
Stewart, M.D. OEGREE Phys. Med. Director Phys. Director 9/11/7/
23C. PHYSICIAN'S NAME (Type) D. W. STEWART. M.D. 2300 Harrison Blud (21210
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
11 11 - 11 11 11 11 11 11 11 11
Durial 7-16-11 Whiles mem, Tark whiles
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS SEP 21 371 Robert E. Herbert Address 22224, Nonly Ave



## BALTIMORE CITY HEALTH DEPARTMENT

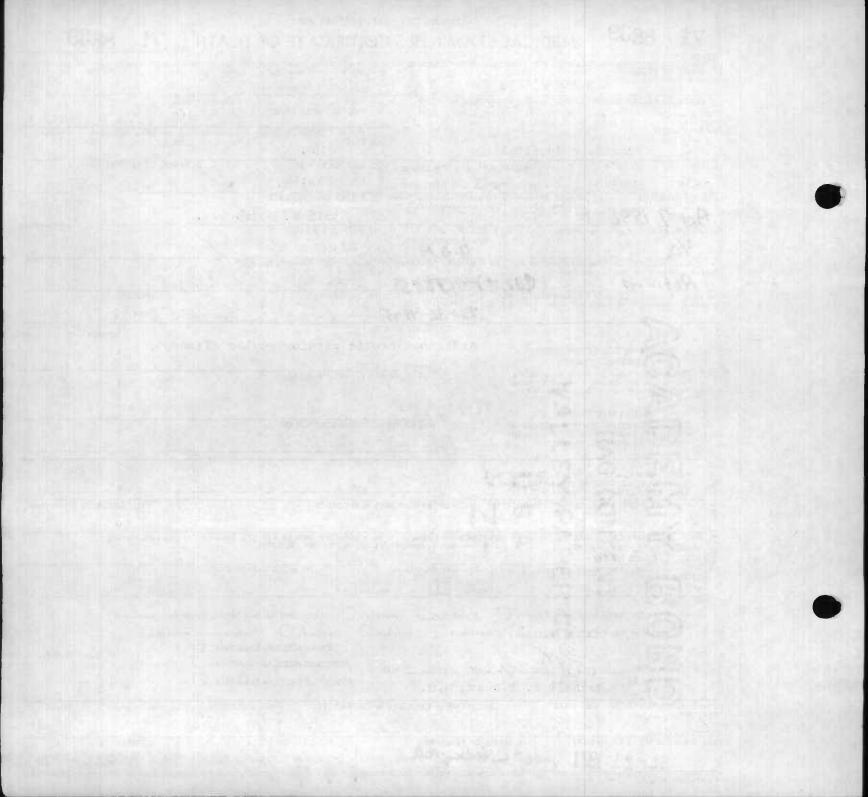
P-456	BALTIMORE CITY HEALTH DEPARTMENT  71 8838 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1 8838	
	1. NAME OF DECEASED (Type or Print)  Ethel Palmer  2. DATE Known A Month Doy Yeor Hour OF Stimoted 9 14 71 9:25 A.	=
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. DATE  Month  Doy  Yeor  Hour	<u>l.</u>
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD 9 14 71 9:25 A.	۸.
	OR INSTITUTION  Lutheran Hospital  5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  A. STATE  Maryland	
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?	-
	Female Negro WIDOWED ☐ DIVORCED ☐ Baltimore YES → NO ☐	
	9 DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.   E. STREET AND NUMBER   Months, Doys Hours Min.	
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	_
	Clarest Lin Mid WHAT COUNTRY? The Service He	
	14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even Itrelined)	-
	Main Ster working ite, even it retired)	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? IT SOCIAL 18. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service)	-
	215-09-2595 My Hotase Faliner 1/36 Warytekly	1
	19. 402X1 CAUSE OF DEATH  APPROXIMATE INTERVAL SETWEEN ONSET AND DEAT	Н
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the mode of dying, e.g.,	100
	heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF: RISE TO THE ABOVE CAUSE (A) STATING THE	
	UNDERLYING CONDITION LAST.	-
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	-
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)	-
	No No	
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Boltimore City, give exoct location) INJURY OCCUR?	-
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT NOT WHILE	-
	23.	-
	I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion	
	resulted fram: Natural causes Accident Suicide Homicide Undetermined manner	
	Deputy CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED	
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L	
	examiner's Associate Medical examiner 9-14-71 NAME (Type) Werner II. Spitz. M.D.	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME, of CEMETERY or CREMATORY 24D. LOCATION (City, Jown, or county) (Stote)	1
	Burial 9-18-11 Mt Subury Cein. Mostport Baltinia) md	1
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. FUNERAL DIRECTOR 25G. ADDRESS 25G. ADDRE	-
	vs 151-REV. 1/1/68	= 1



## BALTIMORE CITY HEALTH DEPARTMENT

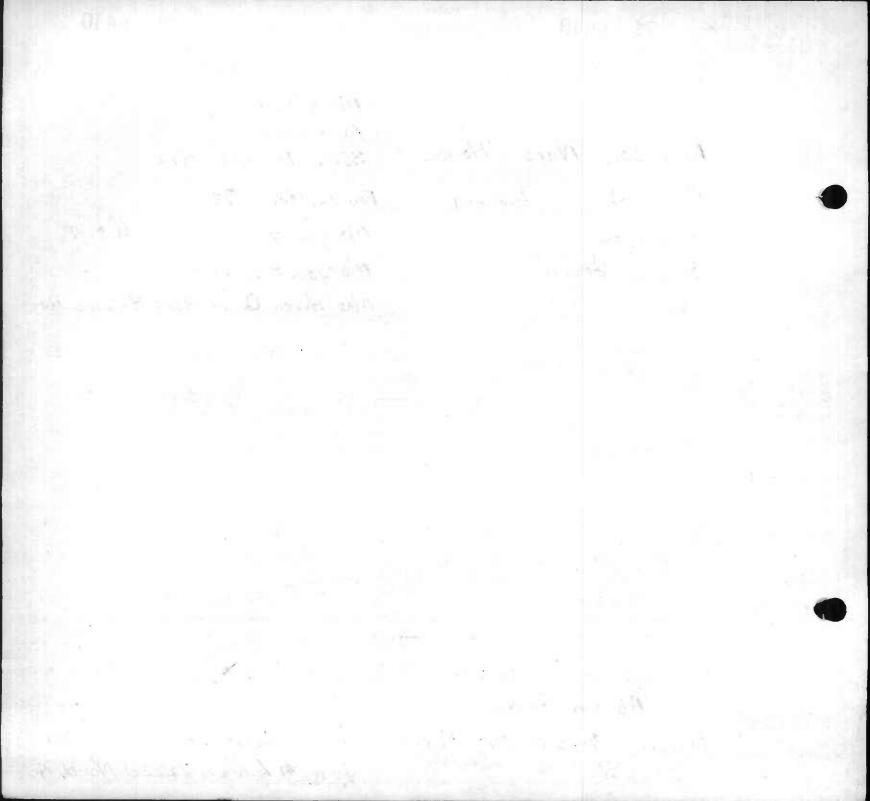
MEDICAL EXAMI	NER'S CERTIFICATE	OF D	EATH REG NOT
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DI	71 8839 MEDICA	L EXAMINER'S	CERTIF	CATE OF	DEAT	H REG. NO.	88	339
	NAME OF DECEASED		Un DATE		14 1			12
	JAMES WILL:	IS	2. DATE OF DEATH	Known   Estimated	Month	Day	Year	Hour M.
	PLACE IN BALTIMORE, MARYLAND, WHERE	3. DATE		Month	Doy	Yeor	Hour	
HC	L NAME OF (IF NOT IN HOSPITAL OR IN SPITAL ADDRESS OR LOCATION) INSTITUTION	ISTITUTION, GIVE STREET		UNCED DEAD	9	12	1971	11:15 a <sub>m</sub>
-	Provident Hospita	a1	A. STATE	Md.	gecessed is	B. COUNTY	residence b	+03
6.	SEX 7. RACE B. MA	RRIED A NEVER MARRIED	C. CITY O	RIOWN		D. INSIDE CI	Y LIMITS?	
1	nale negro wind	WED DIVORCED		Balto.		YE	s 🖾 ı	10 🗆
9.	DATE OF BIRTH 10.AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Haurs, Min.	E. STREET	AND NUMBER				
1	Apr 7, 1890 10. AGE (In years lost birthdoy) 81	Months Doys Hours Min.	1	315 W. Nor	th Ave	€.		
11.	BRTHPLACE(State or lareign country)	WHAT COUNTRY?	13. FATHE	res S.	Walle	les		
144	USUAL OCCUPATION (Give kind of work 14B. KIN	ND OF BUSINESS OR INDUSTR	Y 15 MOTH	R'S MAIDEN NAM	E	/ ,		
du	during most of warking life, even if retired)	bother times	Ja	muel &	ask	Ene)		
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCE	CAL SECURITY NO	IB. INFOR	MANT	1 . 11	AC	DRESS	
		220-30-4545	mis.	Umn W	elles	1315 W.	nori	the aver
	19. 419 41	CAUSE OF DEA	TH	1				ROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	Arterioscle	cotic c	ardiovascu	lar di	isease		er order And Death
	LEADING TO DEATH	(A)IMMEDIATE O	AUSE					
	(This does not mean the mode of dying, e.g heart failure, osthenia, etc. It means the disease injury or complication which caused death.)	DUE TO OR	AS A CONSE	QUENCE OF:				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN	G DUE TO, OR	AS A CONSI	OUENCE OF				
	RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.	Œ		dorner or.				
Z	UNDERTING CONDITION LAST.	(c)						*****************
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIB	TING						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A	MINAL						
RTI	20A. DATE OF OPERATION 20B. CONDITION	•	AS PERFORI	MED			21. AUTOF	SY? (Yes or No)
Ü	7						no	
X	22A. EXTERNAL CAUSE WAS	22B. PLACE OF INJURY (e.g.,	in ar about	22C. WHERE DID (1	1 in Baltima	re City, give exac		
E	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	hame, larm, lactary, street, affic	e bldg., etc.)	NJURY OCCUR?				
Σ	22D. TIME (Month) (Doy) (Year) (Ho	our) 22E.INJURY OCCURRED		22F. HOW DID INJ	URY OCCI	JR?		
	OF INJURY (APPROX.)	m. WHILE AT NOT NOT AT W	WHILE					
	23.							
	I certify that I held an Inquiry		top sy 📙	and that on the	is basis,	death in my	pinlon	
	resulted from: Natural causes	Accident Suicid	le 📙 H	omicide 🔲 U	Indetermi	ned manner 🗆		
	ACTUAL BAK	0 /		CHIEF MEDICAL EX	KAMINER			DATE SIGNED
	SIGNATURE TAPES	M.D	. ASS	ISTANT MEDICAL EX	(AMINER		12	JAIL SIGNED
	EXAMINER'S Russell S. I	Fisher, M.D.	ASS	OCIATE MEDICAL EX	AMINER		9/13	/71
	A. BURIAL CREMATION, 24B. DATE	24C, NAME of CEMETERY	or CREMAT	ORY 6 240.1	OCATION	(Cliy, tawn,	or county)	(State)
1	Jurial 19-16-11	uchules in	211. 10	ik U		160		mal
25		NAME OF REGISTRAR	25C.	FUNERAL DIRECTO	R	/ an A	DRESS	-1
	SEP 21 15/1. Valent	C. Varber No. V.	1	with	Jue.	2222	Wills	whan
VS	151-REV. 7/1/68_ ·			J - U - U				



VS 150-REV. 1/1/65

			BALTIMORE	CITY HEALTH DEPAR		10
BIRTH NO.	71 88	340	CERTIFIC	CATE OF DE	ATH Registered	H No.71 8840
M.E. CASE I I.NAME OF Type or Print	DECEASED	IE MO	ODY		2. DATE AND HOUR OF D	
PLACE OF	F DEATH IN BALTIA	AORE, MARYLAND		4. USUAL RESIDI		d. If institution: residence before admissi
FULL NA	AAE OE (If not i	in hospital or institution	n give street	Mary		1304
HD SPITAL	DR oddress	or location)	n, give sieer	C. CITY OR TOW	'N (If outside city limits,	write RURAL and give township)
20	011			Balter	More	
Wa	nesau	Nura	Home	D. STREET ADDR		A
ME	12 such	11413.	· ICINE	3501	Holmes	Are
S. SEX	6. RACE	WIDOW	ED, NEVER MARRIED VED, DIVORCED (specify	B. DATE OF BIRTH	9. AGE (In year lost birthdoy)	Months Doys Hours Min.
DA HISH AD	OCCUPATION (Give	EU, a	OF BUSINESS OR INDU	STRY 11 RISTHEL ACE (	State or foreign country)	12. CITIZEN OF
	ost of working lite, ever		OF DOSMICSS OR INDO		store of folergin cootings	WHAT COUNTRY?
Hoo	sewife			Maryla	and	U.S.A
3. FATHER'S	NAME			14. MOTHER'S M	AIDEN NAME	
Oh	retor G	reen		Mara	rot Willis	
	eosed Ever in U. S.	Armed Forces?	1 6, SOCIAL	17. INFORMANT	141 601113	ADDRESS
A 2		wor or dotes of service	SECURITY NO.	M. 11	de 1-1	3507 Holones Aus
NE					ten cany.	
18.4	10,91		CAUS	SE OF DEATH		ONSET AND DEATH
/ D	NSEASE OR COND			Care	aren B	lucial and
(This d		mode of dying, e.	(A) DUE TD	COro	nary Occ	usion minutes
heorl fo	ilure, osthenio, etc.	. It meons the diseos	se,			
injury o	r complication which		(8)	Corebro	VIERULAD AL	teri Years
	ANTECEDENT	CAUSES	DUE TO	and ver	revalized or	leracie
		ONS, if ony, giving li	. •	ė.	, ,	
	LYING CONDITION		he (C)			
	- 11					
OTHER	SIGNIFICANT CON	DITIONS CONTRIBUT	ING			
DISEAS	E OR CONDITION C					
U 19A. DA	TE OF OPERATION	198. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY		WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
DI 19A. DA						
OR COM	CIDENT WAS UND	ERLYING 2	21 B. PLACE OF INJURY (chome, form, foctory, street	e.g., in or obout 21 C. WH et, office bldg., INJURY		Soltimore City, give exact location)
	(notify medical exam		etc.)			
21 D. TIA	AE (Month) (Do	py) (Year) (Hour) 2	TE INJURY OCCURRED	21 F. HO	W DID INJURY OCCUR?	
OF INJU				White		
				Work U	5	9/10
			d the deceased from	+ 10 =	7 19 7/ 10	9/19 197/
that (I)	(we) lost saw the	e deceased alive a	nSep	T. 18 1971	and that in (my) (	opinion death accurred on the
and has	ur and from the ca	uses stated above.	. (I) (t) (did) (did)	et) view the bady of	ter death.	
23A. SIG	NATURE	1				23 B. DATE SIGNED
	allo	2001	Of man M.D.		ed. Stoff Phys.	9/19/51
	SICIAN'S	Va		23D. ADDRESS	, 30-4	11/1/1
	ME (Type)	A 1-4			3 FRANCE	lad du m
244 81181	Mara	n Goldi	MAN	11/-	JITEVEKI	CK AV. BALTO, MD, 21
	CREMATION. 24B	DATE 24C.	.NAME of CEMETERY o	CREMATORY	24D. LOCATION	(City, town, or county) (State
Buy	10/ 9	-12-01 A	MY HUBUI	-n LPm	Westper	1 MIN
	113-1	-0 . 1	" I I I I I I I I I I I I I I I I I I I	"	44-01-01	. ( 64
	REC'D BY HEALTH	DEPT Q 258. NAM	E OF REGISTRA	25C. FUNERAL		ADDRESS
SI		Page & E.M.	E OF REGISER			

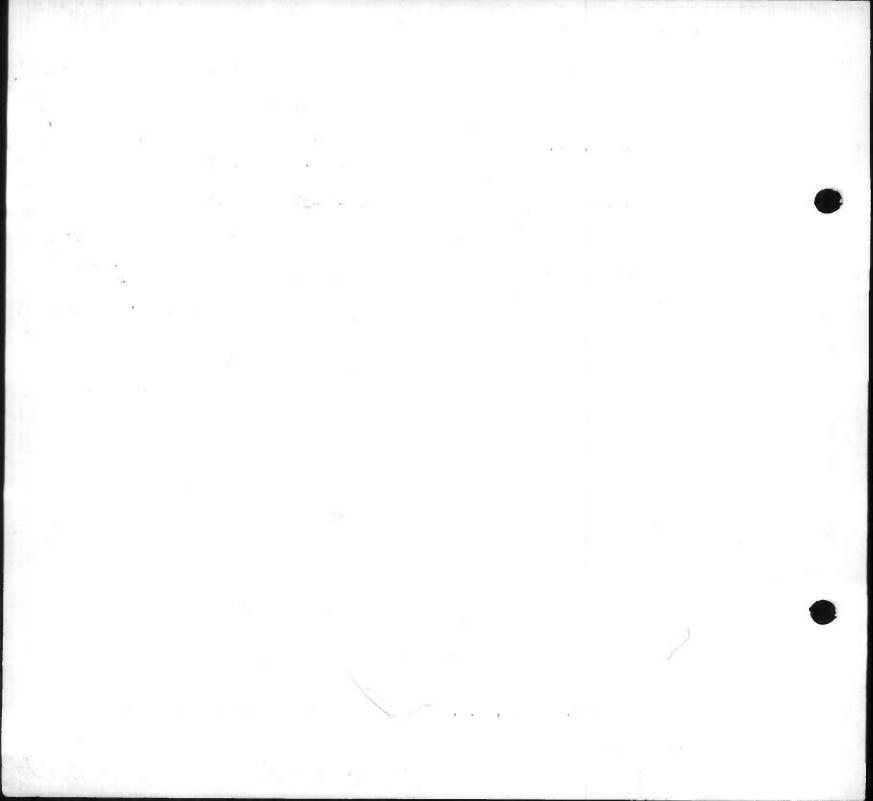


## FUNERAL DIRECTOR: IMPORTANT by the chief medical examiner or his assistant if de-

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH of death
Deceased Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MARKEL, THERESA MAGDALEN SEPTEMBER 16 hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence ance B. COUNTY cause; (5) 60 US FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND BALT I MORE C. CITY OR TOWN attend D. INSIDE CITY LIMITS? 0 D AGNES HOSPITAL .= YES [ NO M E. STREET AND NUMBER prior contributing AVENUE CATON 3 WILKENS Undetermined SHADY 315 AVENUE regular NOOK Bad 5. SEX 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED If Under 1 Yr. Months: Days If Under 24 Hrs. deceased Hours WIDOWED DIVORCED IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) = CLERK MARYLAND MOS 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 3 JOHN HARTMAN SUSANNA LENHARDI eath HO kind; 15. Was Deceased Ever in U. S. Anned Forces 6. SOPAL SECURITY NO. 17. INFORMANT final (Yes, no or unknown) (If yes, give war or dotes of service) AVENUE 21229 WILKENS attendance 0 4503 AGNES RECORDS CATON any 18. CAUSE OF DEATH pronounced or BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed 0 LEADING TO DEATH fracture e. 6 1This does not mean the mode of dying, DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease regular injury or complication which caused death.) ANTECEDENT CAUSES who OLD DISEASES OR CONDITIONS, if any, 4 DUE TO. OR AS A CONSEQUENCE OF giving 3 the above cause (A) = physician UNDERLYING CONDITION last remains Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). Body the 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AMTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED the U IN CERTIFYING CAUSES OF DEATH? before 3 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, effice bldg., INJURY OCCUR? where (II in Boltimore City, give exoct location) to the hospital ° MEDICAL DEATH (notify medical examined nature; be obtained 210. TIME OF INJURY (Month) (Doy) (Hour) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except ; and (6) approved Not While While At [ (APPROXI Work At Work any 22. I certify that (1) (this hospital) attended the deceased fram. that XI) (we) last saw the deceased alive an. SEPTEMBER 6 and that in (my) (our) apinian death accurred an the date 0 death) hospital and have and from the causes stated above. (1) (We) (did) ((1)) view the bady after death. was released must accident 238, DATE SIGNED Attending [ Med. Staff 2 approval Phys. 8 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at An MICHAEL ELLIS CATON 3 WILKENS DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY eceased (City, lown, or county) (Stole) 0.0 the body REMOVAL (Specify) written shows: Taylor Balto. Md Moreland
25B. NAME OF REGISTRAR Memorial 25c. TUNERAL DIRECTOR Was 25A. DATE REC'D BY HEALTH DEPT ADDRESS rederick D. MillerInc 3019 Monument 70 VS 150-REV. 1/1/68

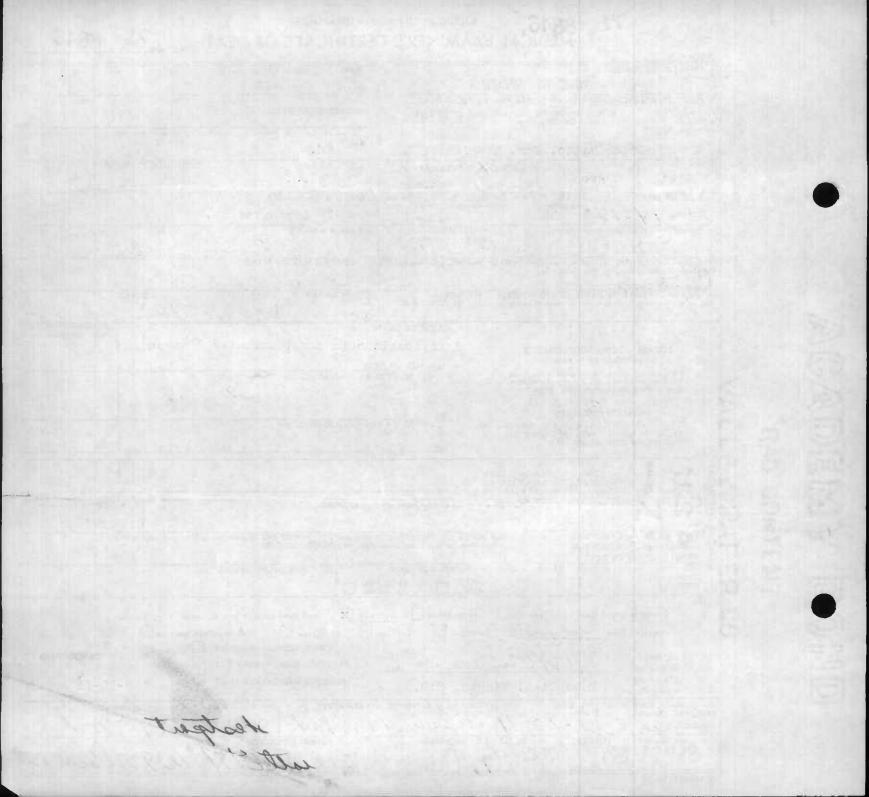
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

	1 100 114 0000	BALTIMORE CITY	HEALTH DEPARTMENT	71	00/12			
BIR	-600 71 8842	CERTIFICA	TE OF DEATH	REG. NO.	00.45			
	NAME OF DECEASED pe or Print)		2. DATE AN	D HOUR OF DEATH	· Inn I INNO			
3.	JOSEPH FARR PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institution	an: residence before odmissian)			
FU	ILL NAME OF (IF NOT IN HOSPITAL OR IN: DSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	A. STATE B. COUN		802			
HO	STITUTION THE JOHNS HOPKINS H		C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?			
3	BALTIMORE, MD. 2121		BALTIMORE E. STREET AND NUMBER	YES	K NO .			
L			2308 E. FEDE	RAL STREET	Security Space			
5.	SEX 6. RACE 7. MARRI		8. DATE OF BIRTH	9. AGE (In years If L lost birthdoy) Man	Inder 1 Yr. If Under 24 Hrs. Ihs Doys Haurs Min.			
104	MALE NEGRO WIDOW		01-01-23	48	CITIZEN OF WHAT COUNTRY?			
don	during mast of working life, even if retired)	Uman mich	I Carel	1	USA			
13.	FATHER'S NAME	c our cipac	14. MOTHER'S MAIDEN NAM	70.0	4 - 1			
	Ling Fan		Carrie	, ?				
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,na or unknown) (If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
L	18.	CAUSE OF DEATH	Jose na	w - 250	86 Treferal ST.			
	DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATE			BETWEEN ONSET AND DEATH			
	LEADING TO DEATH (This does not meen the mode of dying, e	(A) IMMEDIATE CAU		LINFARCTIO	N I day			
	heart failute, asthenia, etc. ft means the disecting of camplication which caused death.		A CONSEQUENCE OF:					
	ANTECEDENT CAUSES	(0)						
	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:							
	UNDERLYING CONDITION last. (C)							
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	ıe						
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OF CONDITION GIVEN IN PART 1 (A).	AL						
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	N CERTIFYING CAUSES	OF DEATH?			
11	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, all	YES or about 21 C. WHERE DID	(If In Baltimare City,	give exact location)			
CAL	DEATH (notify medical exominer)	etc.)	ice sings, model occor.					
MEDI	OF INJURY	21E. (NJURY OCCURRED  While At  Not While	21F. HOW DID INJ	URY OCCUR?				
	(APPROX.)	Wark L At Work		n late	101115 71			
ŀ	22. I certify that (1) (this hospital) attende that (1) (we) lost sow the deceased alive a	11 - 160			death accurred on the date			
	and haur and from the causes stated above			or include to the control of	scott accounce on the date			
	23A. SIGNATURE	1 tun			DATE SIGNED			
	23 Cothysicians	DEGREE Phys	Director L	Stoff Phys.	7-17-71			
-	23C-PHYSICIAN'S NAME (Type)		3D. ADDRESS	HORKING HOSE:	T. 1			
24/	JAMES F. MARTIN	NAME of CEMETERY OF CRE	THE JOHNS		TAL rn, or county) (State)			
Z	June 9-22-7/	Int. aulu	unlem	Stockpar	t md.			
25/	SEP 21 TIT PAGE & FALL	Se ACD	25C, FUNERAL DIRECTOR	27/11/29	ADDRESS			
VS	150-REV. 1/1/68		Comme	- 7 /V-/100 /	Launine			



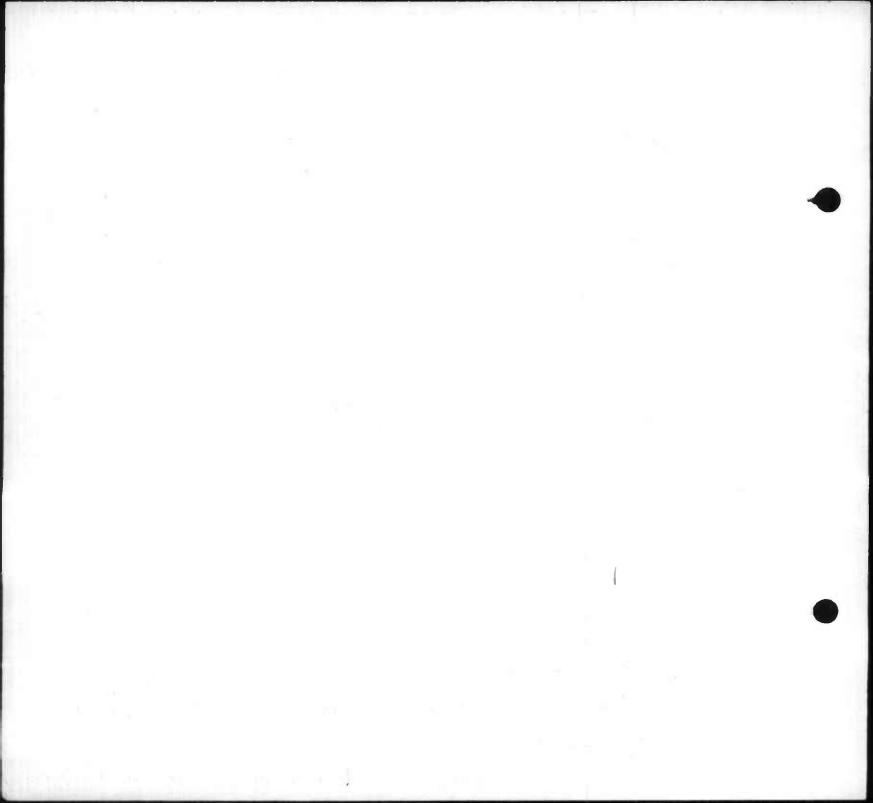
1-57571	8843	BALTIMORE CITY HEALTH DEPARTMENT
2 000	MEDICAL	EXAMINER'S CERTIFICATE OF DEATH

NAME OF PECEASED   PAUL A, JOHNSON   2. DATE   Name or   Manath   Day   Year   Paul	PLOT	00	25/1	MED.	ICAL		AMINER'S			OF	DEAT	H REG. NO.	71 8	3843
A PLACE IN BAITMORE, MARKIND, WHERE PRONOUNCED DEAD FILL NAME OF FILL	1. N/	AME OF D							Knawn		Manth	Day	Year	Hour
4. PLACE IN BAILTIMORE, MARYLAND, WHERE PRONOUNCED DEAD PROVIDED TO BE ADDRESS OR COATION, GIVE SIRRET  ADDRESS OR COATION, GIVE SIRRET  BAILTIMORE MARYLAND, WHERE PRONOUNCED DEAD PRONOUNCED DEAD PRONOUNCED DEAD PRONOUNCED DEAD PRONOUNCED DEAD S. USUAL RESIDENCE (Where deceased line d. Elimitution residence before admission)  A. SIATE N. S. STATE N. S.									Estimote	d 🗆				M.
SOUTH Balto. Gen. Hospital (DOA)  5. SEX male   7. RACE   8. MARRIED   NEVER MARRIED   DIVORCED   DIVORCED   Balto.   D. INSIDE CITY LIMITS?  8. DATE OF BIRTH   10. AGE (in year)   WILDOWED   DIVORCED   DIVORCED   Balto.   VES No    9. DATE OF BIRTH   10. AGE (in year)   WILDOWED   DIVORCED   DIV	FULL I	NAME OF	(IF NO	TIN HOSPITA	LORINS				UNCED DE	AD				7:50 a
MARKEUS   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Balto.   NOCRCED   Security   Se	OR IN	STITUTION	South B	alto.	Gen.	Hos	pital (DOA)	I A STATE		(Where	deceased liv	ed. If institution B. COUNTY	n: residence b	efore odmission)
P.   O.   O.   O.   O.   O.   O.   O.				0					_					
IRTHPFLACE (Site) or foreign country   12, CHIZEN OF WHAT COUNTRY   13, FATHER'S NAME   14, USUAL OCCUPATION (Give kind of work)   148, KIND OF BUSINESS OR INDUSTRY   15, MOTHER'S MAIDEN NAME   16, WAS DECEASED EVER IN U.S. ARRED FORCES?   17, SOCIAL   18, INFORMANT   ADDRESS   18, WAS DECEASED EVER IN U.S. ARRED FORCES?   17, SOCIAL   18, INFORMANT   ADDRESS   19, WAS DECEASED EVER IN U.S. ARRED FORCES?   17, SOCIAL   18, INFORMANT   ADDRESS   19, WAS DECEASED EVER IN U.S. ARRED FORCES?   17, SOCIAL   18, INFORMANT   ADDRESS   19, WAS DECEASED EVER IN U.S. ARRED FORCES?   17, SOCIAL   18, INFORMANT   ADDRESS   19, WAS DECEASED EVER IN U.S. ARRED FORCES?   17, SOCIAL   18, INFORMANT   ADDRESS   19, WAS DECEASED EVER IN U.S. ARRED FORCES?   17, SOCIAL   SECURITY NO.   SECURITY NO.   SECURITY NO.   SECURITY NO.   SECURITY NO.   SECURITY NO.   SECURITY NO.   SECURITY NO.   SECURITY NO.   SECURITY NO.   SECURITY NO.   SECURITY OF CONTROL OF THE WAS DEATH AND DEATH   SECURITY OF CONTROL OF THE WAS DEATH AND DEATH   SECURITY OF CONTROL OF THE WAS DEATH AND DEATH   SECURITY OF CONTROL OF THE WAS DEATH AND DEATH   SECURITY NO.   SECUR	9. DA	TE OF BIR	TH 1.2	lost birthda	years	If Unc	ler I Yr. If Under 24 Hrs.				- C+	γ.	ES 😬 🔃	NO L
13. MAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   18. INFORMANT   ADDRESS   ADDRESS   19. MAN S DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   18. INFORMANT   ADDRESS   ADDRESS   19. MAN S DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   ATRODIMORE INTERVAL   APPROXIMATE INTERVAL   APPROXIMATE INTERVAL   APPROXIMATE INTERVAL   SETWIEN ONSET AND DEATH   ATRODIMORE INTERVAL   SETWIEN ONSET AND DEATH   ATRODIMORE INTERVAL   SETWIEN ONSET AND DEATH   ATRODIMORE INTERVAL   SETWIEN ONSET AND DEATH   ATRODIMORY CAUSE   DUE TO, OR AS A CONSEQUENCE OF:	11. BII	RTHPLACE	(State ar farei		1					mur &	4	0	1	
13. MAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   18. INFORMANT   ADDRESS   APPROXIMATE INTERVAL   APPR	144 11	SUAL OCC	IPATION (GIV	e kind of world	AR VINI	U	· D. H.	15 MOTH	to lp	1	4	ya.	Ans	00/
SECURITY NO.   Carelled   Carel	dome	uring masto	working lile, ev	en if retired)	ADI KIINE		D3114E33 OK 114D031K1	13. (40)	na	Y IVAM	0 /	0		
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., beart facilities, athenic, etc. it means the disease, injury or campilication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UNDERLYING OR CONTRIB.  UNDERLYING OR CONTRIB.  UNDERLYING OR CONTRIB.  UNDERLYING OR CONTRIB.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Boltimore City, give exoct location)  WESS  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED (FIRE MORK)  AFWELD AND THE ARCH OR THE MORK AND DEATH AND DEATH OR STATEMENT OF THE MORK AND DEATH OR STATEMENT OF THE MORK AND DEATH AND D	16. W	AS DECEA	SED EVER IN	U.S. ARMED war or dates	FORCES of service	5?		18, INFOR	MANT	). 0	. 4.7	-718 A	DDRESS	L. J.H
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, eitherlo, etc. it means the disease, injury or camplication which coused doeth.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION MART I (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No.)  YES  22A. EXTERNAL CAUSE WAS UNDERLYING CONTRIB.  UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (c.g., in or obout 22C. WHERE DID (II in Boltimore City, give exoct location)  YES  22D. TIME (Manth) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED INJURY OCCUR?  OF INJURY OCCUR?  AT WORK  1 certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural causes M.D.  ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED  ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED  ACTUAL SIGNATURE SYMMENEYS RUSSEll S. Fisher, M.D.  ASSOCIATE MEDICAL EXAMINER DATE SIGNED  ASSOCIATE MEDICAL EXAMINER DATE SIGNED  ASSOCIATE MEDICAL EXAMINER DATE SIGNED  ASSOCIATE MEDICAL EXAMINER DATE SIGNED  ASSOCIATE MEDICAL EXAMINER DATE SIGNED	19.	111	7 4				CAUSE OF DEA	TH	CC )		nam	10200		
Content of the property of t		DISEA	SE OR COND	ITION DIREC	CTLY		Arterioscl	erotic	cardio	vasc	ular	disease	BETWI	EN ONSET AND DEATH
Columb   C			LEADING TO	DEATH			(A)IMMEDIATE C	AUSE						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYTING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. AUTOPSY? (Yes or No) Yes  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout) Yes  22C. WHERE DID (II in Bollimore City, give exoct location)  WHILE AT WORK  AT WORK  AT WORK  AT WORK  AL WORK  AL WORK  ASSISTANT MEDICAL EXAMINER  CHIEF MEDICAL EXAMINER  DATE SIGNED  ASSISTANT MEDICAL EXAMINER  DATE SIGNED  ASSOCIATE MEDICAL EXAMINER  DATE SIGNED  ASSOCIATE MEDICAL EXAMINER  DATE SIGNED		heart failur	e, asthenta, éta	. It means the	disease,				QUENCE OF:					
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C   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).    20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED   21. AUTOPSY? (Ves or No) yes		RISE TO TH	IE ABOVE CA	USE (A) STAT	ING THE		50E 10, 0K /	43 A CONS	QUENCE OF	•			314	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Yeor) (Hour) 22E.INJURY OCCURED OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CH	0 _						(c)							
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22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY OCCURRED OF INJURY (APPROX.)  23.  1 certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER OP-20-71  ACTUAL SIGNATURE EXAMINER'S NAME (Type) Russell S. Fisher, M.D.  ASSOCIATE MEDICAL EXAMINER OP-20-71	A 20						HICH OPERATION WA	S PERFOR!	MED				21. AUTOF	SY? (Yes or No)
OF INJURY (APPROX.)  WHILE AT WORK NOT WHILE AT WORK  I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 9-20-71  ACTUAL  SIGNATURE  EXAMINER'S NAME (Type)  RUSSELL S. Fisher, M.D.  ASSOCIATE MEDICAL EXAMINER 9-20-71													y	es
OF INJURY (APPROX.)  WHILE AT WORK NOT WHILE AT WORK  I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 9-20-71  ACTUAL  SIGNATURE  EXAMINER'S NAME (Type)  RUSSELL S. Fisher, M.D.  ASSOCIATE MEDICAL EXAMINER 9-20-71	EDICA O	NDERLYIN	G OR CON	TRIB-		22B. PL hame,	ACE OF INJURY (e.g., orm, foctory, street, office	in or obout bldg., etc.)	22C. WHERE NJURY OCC	DID (II	in Boltimor	e City, give exo	ct location)	
23.    certify that   held on   Inquiry     Inspection   Autopsy   ond that on this basis, death in my opinion resulted from: Notural couses   Accident   Suicide   Homicide   Undetermined monner      ACTUAL   SIGNATURE   OATE SIGNED	01	FINJURY	(Manth) (C	oy) (Yeor	) (Hour	WH	ILE AT NOT	WHILE	22F. HOWD	ונאו סו	JRY OCCU	IR?		
resulted from: Notural couses Accident Suicide Homicide Undetermined monner  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Russell S. Fisher, M.D.  Accident Suicide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER 9-20-71	<u> </u>		al 6., al 1 l.	ald as 1	Г	7								
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  RUSSELL S. Fisher, M.D.  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  9-20-71								land.				_	-	
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Russell S. Fisher, M.D.  ASSISTANT MEDICAL EXAMINER   ASSOCIATE MEDICAL EXAMINER   9-20-71		1020	1100 110111. <u>11</u>	010101 000	),/	ACC	Juicia.					_	_	
EXAMINER'S NAME (Type) Russell S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER 9-20-71				10	Tr	N	er un	ACC						DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)		EXAMI	VER'S	ussell	S. F	ish			CIATE MEDI	CAL EX	AMINER		9-20	-71
During 17-13-11 allevily man Part 34 Fort	24A. E REMO	SURFAL CRE	MATION, 2	9-2	5=7	24C.	NAME of CEMETERY	CREMATO	Part	24D. LC	CATION	(City, town	or county)	(State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	25A. [	PATE REC'I	BY HEALTH	DEPT.	258. N	AME O	F REGISTRAR	25C.	FUNERAL DI	RECTOR	41	ALL	DDRESS	) 1: 4
VS 151-REV. 7/1/68	VS 151	·REV, 1/1/	8		19	7		186	Black	le -	J.N.	1127	11.6	althey



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death, was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 71 8844 CERTIFICA	ATE OF DEATH REG. NO. 18844
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type of Print) Audrey Jackson	9/15/71 13:20 n.m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. Il institution: residence belare admissioni A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 806
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
The Good Samaritan Hospital	Baltimore YES NO
45	E. STREET AND NUMBER
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED	1812 N. Washington Street
Female Black WIDOWED DIVORCED	lost birthdoy) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
dane during most of working life, even if retired)	U.S.
Beautician V	VIEGINIA
Robert Roy	Lucinda Bowles Rolde
*	Lucinda (Bowles) Bolden
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no grupknown) (If yes, give wor ar doles of service)  SECURITY NO.	17. INFORMANT ADDRESS
216-36-524	Hand San Gaza 6258 4/00 St
IB. / 5 3 XI CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	use Careinomatosis 1969
I lead butte, dement, arc. it medie me disease.	A CONSEQUENCE OF:
injury at camplication which caused death.)	
ANTECEDENT CAUSES	inoma of colon 1967
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the abave cause (A) stoling the	A CONSEQUENCE OF
UNDERLYING CONDITION last. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
LOR CONTRIBUTING I CAUSE OF	flice bldg, INJURY OCCUR? (If In Bollimore City, give exact location)
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Wark At Wark	° 🗆
22. I certify that (I) (this hospital) attended the deceased fram	
that (1) (we) last saw the deceased alive on	
and haur and fram the causes stated above. (1) (We) (did) (did not) v	
23A. SIGNATURE	238, DATE SIGNED
I.A. OUT M. D. Attention of the Physics of the Phys	nding Med. Staff 1 9/15/71
23C.PHYSICIAN'S	23 Director Phys. L
NAME (Type) / A O DEM A TO	GOOD SAMARITAN HOSP
24A. BURIAL CREMATION, 248. DATE 124C. NAME of CEMETERY OF CRE	MAYON
REMOVAL (Specify) Q 3/7/ 7/ 7/	MAJORY (City, town, at county) (Stote)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME QE REGISTRAR	wen stostport ma
SEP 21 1071 28 40 20 1	25C FUNERAL DIRECTOR ADDRESS
Value RD	THE CALL CALLERY AND IN A / / Malery

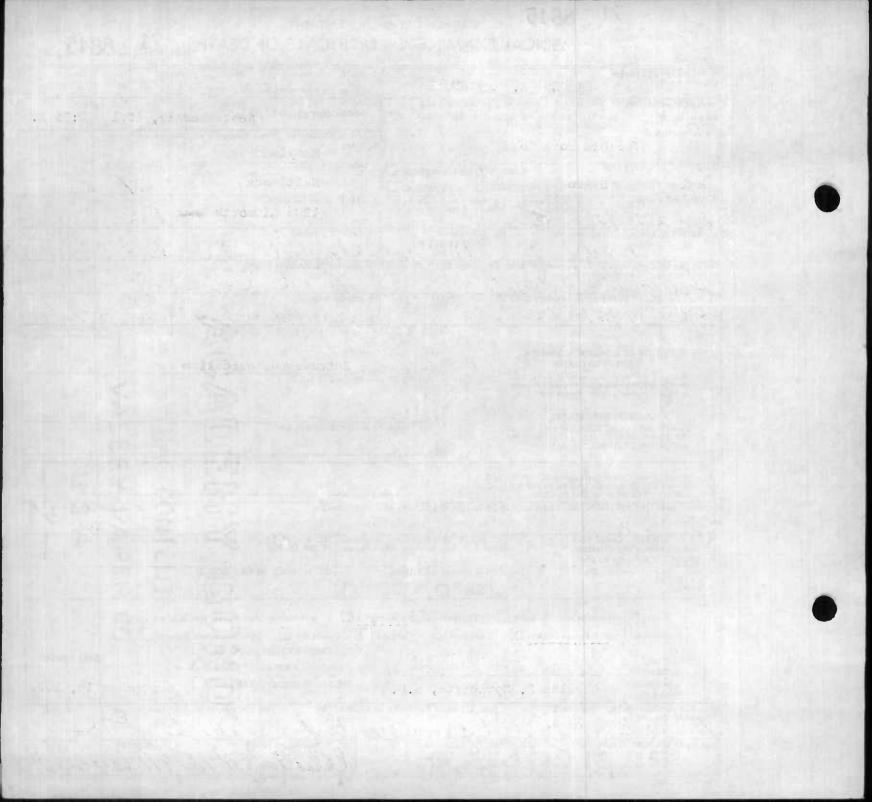


S-535 MEDIC

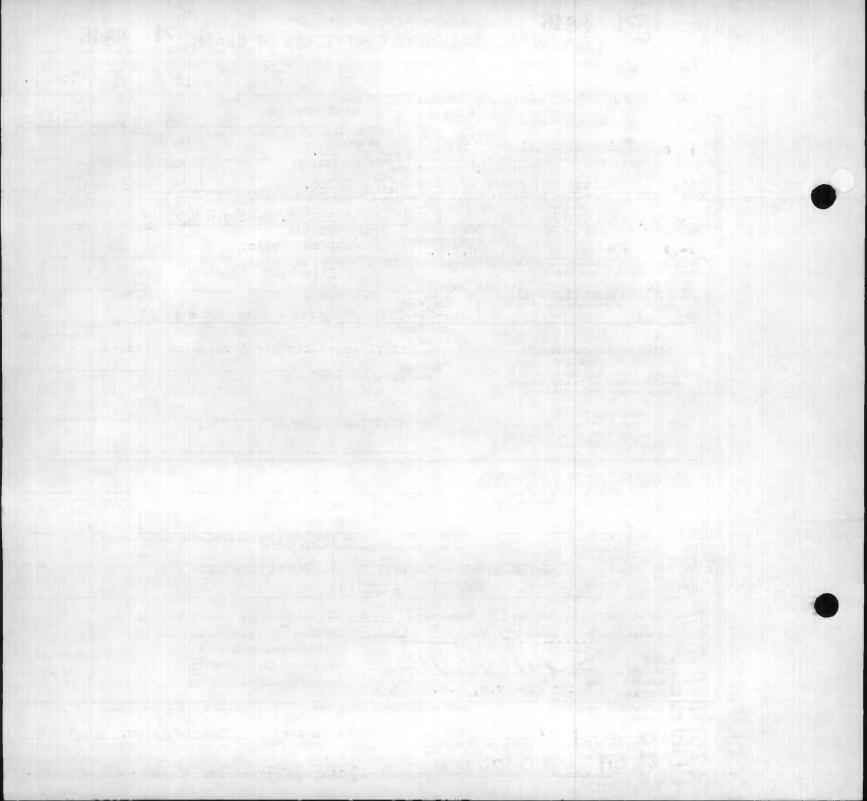
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAM	AINER'S CERTIFIC	ATE OF	DEATH 7	
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MEDICAL EXAMINER 5	CERTIFICATE OF DEATH REG. NO. 1 8845	
BIRTH NO.	NCO. 110.	
(Type or Print)	2. DATE Known Month Doy Year Hour	
HAROLD I. SNOWDEN	DEATH Estimoted	М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD September 19, 1971 2:25	A.,
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admiss	ion)
4709 Old York Road	A. STATE Maryland B. COUNTY	29
6. SEX 7. RACE 8. MARRIED 10 MENTED MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	~ /
Mala Nagra	Raltimore	
The state of the s	YES LA NO L	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
12-27-30 35	1206 Linworth Read Ave.	
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME	
md WHAT GOUNTRYTY	Same In January Start	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	115. MOTHER'S MAIDEN NAME	
done dyfing most of working life, even If retired)	Restace.	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. ANFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give war or doings of service) SECURITY NO.	ADDRESS ADDRESS	
1931-193	Men Insyldental singulate	co-
CAUSE OF DEA	TH APPROXIMATE INT	
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	CAUSE Intravenous narcotism	
	AS A CONSEQUENCE OF:	
injury or complication which caused death.)		
ANISTOTALIS CAMERA		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:	
	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAY		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or	No)
0 2	Yes	
ZZA. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g.,	In or about 22C, WHERE DID (If in Boltimore City, give exact location)	_
NOTERLYING UNDERLYING	e bidg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY	WHILE T	
23.	ORK L	
	(v)	
	topsy X and that on this basis, death in my opinion	
resulted from: Notural causes X Accident Suicid	de Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
SIGNATURE CLOSES I Surgate M.D.	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	ED
EXAMINER'S Charles S. Springate, M.D.	The state of the s	771
Toronz (Type)	- September 19, 19	1/1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State	)
Buis 2 9-2411 / 12	non Fail James, in	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS	
SEP 21 1971 Pale & E. Faller, M.D.	1111 4 4 11 11 11 11 11	1
	Child of H. 112911. Carolines	11.
VS 151-REV, 1/1/68		



1/	174	8846			BALTIMORE CITY HE	ALTH DEPAR	TMENT				
8-460	)/ 1			. E	XAMINER'S			DEAT	rh 71	88	46
BIRTH NO.									REG. NO		
1. NAME OF DEC		1 Kohl	er			2. DATE OF DEATH	Knawn Esilmoted	Manth 9	16	Year 71	TZ:15 p
4. PLACE IN BAL				RON	OUNCED DEAD	3. DATE		Month	Doy	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPIT	AL OR INS	וזטזוד	ON, GIVE STREET		NCED DEAD	9	16	71	12:15
	Union	Memor	ial H	osp	ital	A. STATE	•	e deceased	B. COUNTY	in: residence	before admission) 7 45
6. SEX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY OR	IOWN		D. INSIDE C	ITY LIMITS?	
male	Whit	te	WIDON	WED [	DIVORCED [	Balt	.0.		,	res 🗴	No 🗆
9. DATE OF BIRT		losi birihdo		If U Mon	nder 1 Yr. il Under 24 Hrs. ihs 1 Doys 1 Hours 1 Min.		ND NUMBER	. 4.1	D1		
March 20		67		12.6	I I I	13. FATHER'S	31 E. No	rtnern	Parkwa	У	
					WHAT COUNTRY? U.S.A.	Char 1		2.00			
Pennas	sylvani	a	1.40 1415.4		U.S.A.						
done during most of w		e kind of work en if relired)			BUSINESS OR INDUSTRY	E1	izabeth	Boyd			
16. WAS DECEAS	ED EVER IN	U.S. ARME	FORCE	5?	17. SOCIAL	18. INFORM	ANT		A	DDRESS	• • • • • • • • • • • • • • • • • • • •
No No	(il yes, give v	vor or dales	of service	?)	SECURITY NO. 218-14-2224	Maro	aret Kohl	er Sa	ame as #	5	
19. / / /	11.			-	CAUSE OF DEA	1 0	ares Romi		ame ab #	A	PPROXIMATE INTERVA
DISEAS	E OR COND	ITION DIRE	CTLY		Arte	rioscler	otic car	diovas	cular d		WEEN ONSET AND DE
	LEADING TO				(A)IMMEDIATE C	AUSE					
(This does n heart lailure	ol meon the , osthenio, elc	mode of dy	ing, e.g., disease,			AS A CONSEQU	ENCE OF				
Injury or con	nplication which	ch coused de	alh.)								
	OR CONDITION		GIVING		(B) DUE TO, OR	AS A CONSEQ	HENCE OF:				
RISE TO THE	OR CONDITION	USE (A) STA	TING THE		20210,01		01.100 011				
Z GIADEKLIII	NG CONDITI	ION LASI.			(c)						
I O THE DEA	IIFICANT CON	RELATED TO	THE TERM	UNAL							
DISEASE OR	CONDITION										
O )	- OPERATION	1 208. ÇO	NOIIION	FOR	WHICH OPERATION W	AS PERFORMI	D				OPSY? (Yes or No) Ves
UNDERLYING		TRIB-		22B.	PLACE OF INJURY(e.g., farm, loctory, street, office	in ar obout 22 e bidg., etc.) IN	C. WHERE DID	(II in Boltime	ore City, give ex		
₩ UTING LCA		Ooy) (Yea	r) (Hou	r) 2	2E.INJURY OCCURRED	22	F. HOW DID IN	JURY OCC	UR?		
OF INJURY (APPROX.)				y		WHILE O					
23.				- 101.07							
I cert	Ify that I h	eld an I	nquiry		Inspection Au	topsy XX	and that on the	nis basis,	, death in my	apinion	
result	ted from: N	otural cau	ses XX	1 A	coldent Sulcid	le 🗌 Hoi	nicide 🔲	Undeterm	Ined manner		
		1	_//		5.	C	HIEF MEDICAL E	XAMINER			
SIGNATI	IRE	X.	0/1	,	DULLY M.D	ASSIS	TANT MEDICAL	XAMINER	XXXX		DATE SIGNED
EXAMINI NAME (T	ER'S T	Peter (	ipko	vic	, M.D.		CIATE MEDICAL E	XAMINER			9/17/71
24A. BURIAL CREA	MATION, 2	4B. DATE		24	C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, tow	n, ar caunty	) (State)
Burial	BY UE ALTE	9-20-7		14115	Fairview Meth	nodist C	emetery	Pho			Maryland
25A. DATE REC'D	BY HEALTH	-			OF REGISTRAR	25C. F	JNERAL DIRECTO	OR		ADDRESS	
2FL %]	1371	Valent	53	B	WAS DO	Wmo	Cook-Broc	ks To	wson. Tr	ic. To	owson, Md
VS 151-REV. 1/1/68	3										and the



Such

death.

prior to

was in regular attendance on the

death

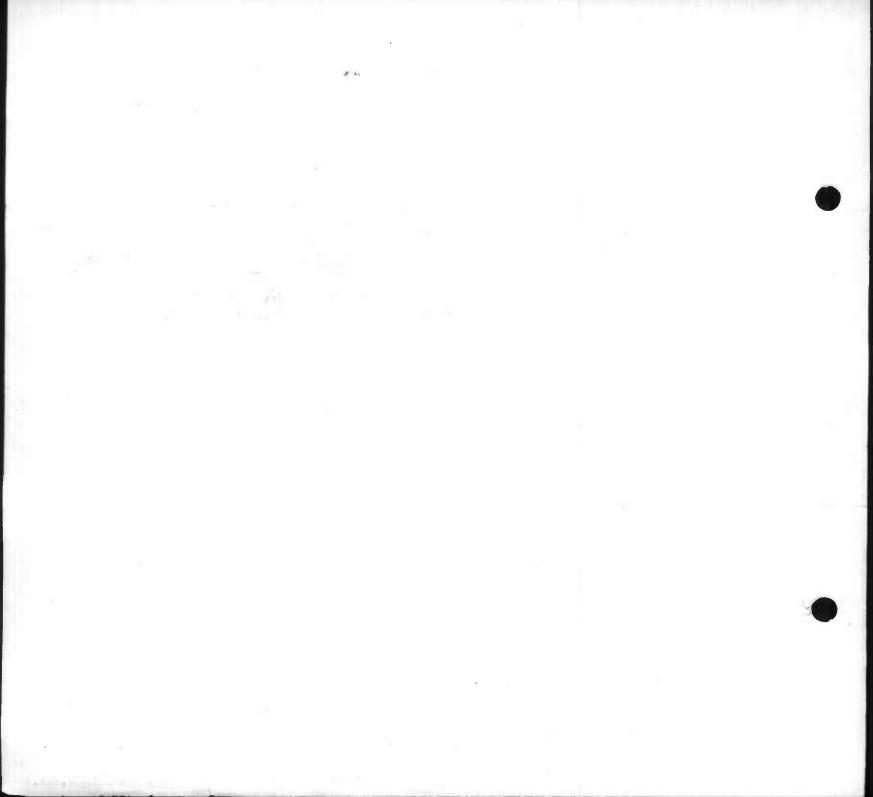
was D.O.A. at a hospital (except where the physician who pronounced

1.100	BALTIMORE CITY	HEALTH DEPARTM	NENT V			
BIRTH NO '71 8847	CERTIFICA	TE OF DEA	TH REG.	No. 71	8847	
1. NAME OF DECEASED		12. [	DATE AND HOUR OF	DEATH	00 27	
(Type or Print) MARGARET BELL FALL	ΙN		September 18		1 117	-1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDEN	CE (Where deceased lives COUNTY		residence before	odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	Maryland	Balti	more	57.3	00
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN		D. INSIDE CITY	LIMITS?	
90		Towson		YES	] NO X	
Long Green Nursing Home		E. STREET AND NU	MBER			
		1305 Woo	dshole Road			
5. SEX 6. RACE 7. MARRIED 1	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yellost birthdoy)	ors If Und	er 1 Yr. If Und	er 24 Hrs.
Female Caucasian WIDOWED	DIVORCED	April 11.	1889 82	Months	Doys Hours	Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (Stot		12. CIT	ZEN OF WHAT	COUNTRY?
done during most of working life, even if retired) Home Maker Own Ho	mo.	M 1 1				
13. FATHER'S NAME	ille	Maryland 14. MOTHER'S MAII	2544 4445		. S. A.	
Joseph William Kirk			trude Bratt			
	SOCIAL	17. INFORMANT			ADDRESS	
	SECURITY NO. 5-32-8960	H Kimb E.	113	0	# t. =	
18. / / / / 1	CAUSE OF DEATH	H. Kirk Fa	llin	Same as	# 4 E	ALTENY AL
DISEASE OF CONDITION DIRECTLY	CAUSE OF SEATE		,		BETWEEN ONSET	AND DEATH
LEADING TO DEATH		a de	abdance.	/_	.10-	0
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	wasneu		401	1
hearf failure, asthenia, etc. If means the disease, injury or complication which caused death.)	501 10, 0K A3,	CONSEQUENCE OF:	gereyon	He ;		
ANTECEDENT CAUSES	P. O.	1. O. m.	las The	Paris	1167	P
DISEASES OR CONDITIONS, if any, giving	DUE IO. OR AS	A CONSEQUENCE OF	effect now	or cours	40 1	2
rise to the abave cause (A) stating the	1. 10.		1 /10			
UNDERLYING CONDITION last.	(c) (14 yer	recurre	COVO	•••••••••	10+	Je.
_					-	/
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 [A].					ĺ	
DISEASE OR CONDITION GIVEN IN PART 1 (A).		120.4		*************		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Y	IN CERTIFYI	WERE FINDINGS	CONSIDERED DEATH?	
U 21A. ACCIDENT WAS HINDSBLYING TO 218 BLA	CE OF INJURY (e.g., in	as about 21 C. Williams	D10			
The second secon	orm, factory, street, off	ice bidg., INJURY OC	CUR?	Boltimore City, giv	ve exoct locotion)	
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJ	URY OCCURRED	21 F. HOW	DID INJURY OCCUR?			
X (APPROY) While A						
Work	☐ At Work					
22. I certify that (I) (this hospital) attended the d	eceased from	Mug	19 @to	Le p	14-18-1	7/
that (I) (we) last saw the deceased alive on	- Klept	17 19 7	and that In (my) (or	ır) opinian dea	th occurred ar	the date
and hour and from the causes stated above. (1) (W	e) (dld) (dld not) vi	ew the body after	death.			
23A. SIGNATURE				23B, DA	TE SIGNED	
Frederick & Valluce	T MEGREE Phys.	ding Med. Directo	r Staff Phys.	4	1-18-7	/
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS				
Frederick J. Vollmer	M.D. GEGREE	6100 York	Road			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF TERM	Mezerx	24D. LOCATION	(City, town,	or county)	(Stotel

deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made. Burial 9-20-71 Mt. Olivet Cemetery Baltimore Maryland ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Cook-Brooks Towson, Inc. VS 150-REV. 1/1768 Wm ] Towson, Maryland In the state of th

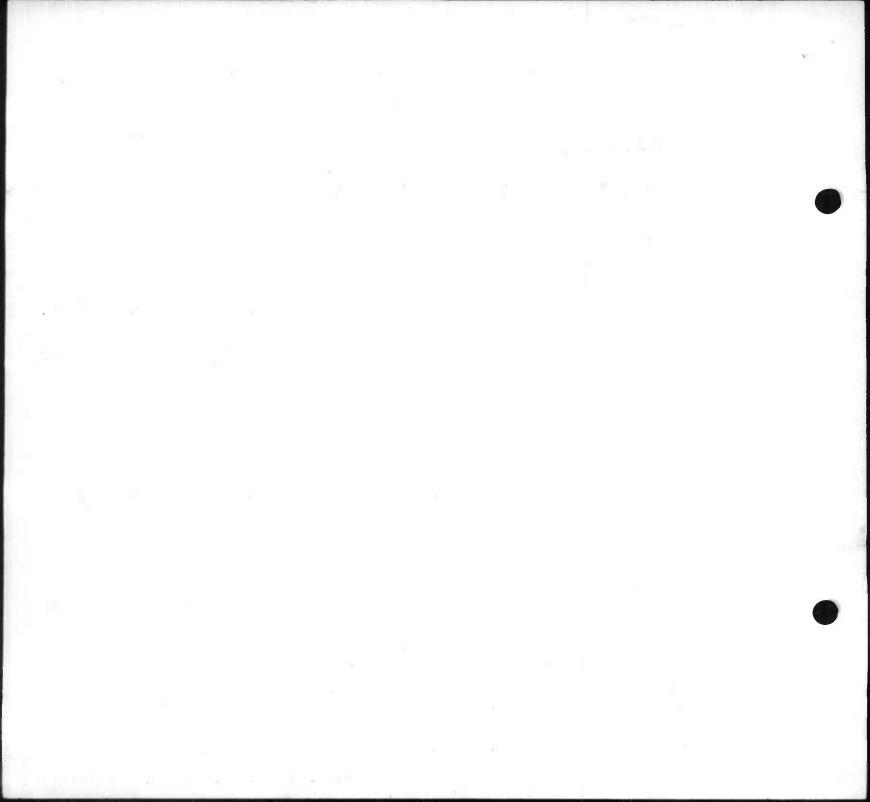
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

DALTIMORE CITY	HEALTH DEPARTMENT 71 9019
DIKITI IVO.	TE OF DEATH REG. NO. 1 8848
(Type or Paint) Heichert Harreit	2. Date and Hour of Death
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, if institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	BOX 15.5 OWINGS Md.
Univ. of Maryland Hospital	Oziling 5 YES NO D
38	Box 155
5. SEX 6. RACE 7. MARRIED - NEVER MARRIED	8. DAYE OF BIRYH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
Maje White WIDOWED DIVORCED	10/23/09 61
done during most of working life, even if retired)	11. AIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Farmer tarming	Md. V.S.A.
13. FATHER'S NAME R	14. MOTHER'S MAIDEN NAME SUNDENTAND
Walter Swann	Hacel H. Swann
15. Was Deceased Ever in U. S. Armed Farces?   16. SOCIAL   SECURITY NO.	HAZEI A SWANN ADDRESS
No   218-36-255	
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAL	
hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES Rangell	be advantaging Glamenula white 3 mas
DISEASES OR CONDITIONS, if any, giving DUE/10, OR AS	A GONSEQUENCE OF: Glomery lo regaritis 3 mos.
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOTRELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOTRELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOTED TO THE TERMINAL  OTHER SIGNIFICANT CONDITIONS TO THE SIGNIFICANT CONTRIBUTION  OTHER SIGNIFICANT CONDITIONS  OTHER SIGNIFICANT	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	70A A 1100 204 N
S1771 WAS PERFORMED PLANE FINISH	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	n or obout 21 C. WHERE DID (If in Baltimore City, give exact location)
DEATH (natify medicol exomine)	ice bidg., INJURY OCCUR?
5   OF INJURY	21F. HOW DID INJURY OCCUR?
Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	8/le_19 // to
that (1) (we) lost saw the deceased olive an	19and that in (my) (our) opinion death occurred an the date
and hour and fram the couses stated obave. (1) (Wa) (dld) (drd nat) v	
Ala I State All as to Alter	nding Med. Staff A
23C.PHYSICIANS Phys	Director Phys. LD 9/19/
NAMERITY OF STALL MID	Mary Hoso - Dont as Malini
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D LOCATION (City, town, of county) (Stote)
Burial 9/22/71 Southern Memor	ial Gardens Dunkirk Cal. Md.
SEP 21 8/1 Visite 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/68	17800manan Cunnika A HOME, Owings ad



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	5-435 71	10		HEALTH DEPARTMENT		
BII	TH NO. 71	8849	CERTIFICA	TE OF DEATH	REG. NO	71 8849
1, 1	NAME OF DECEASED	0	C 1 1	2. DATE	AND HOUR OF DEAT	Н
IL	watter	J.	Schul	tz Sept	ember 10, 1	1977   N institutions residence before admission
3.	PLACE IN BALTIMORE MARYLAND.	WHERE PRO	NOUNCED DEAD		here deceosed lived. II JNTY	institution: residence belove admission)
H	ILL NAME OF (IF NOT IN HOSP ADDRESS OR LOG	TAL OR IN	STITUTION, GIVE STREET	Maryland		2610
IN	STITUTION			C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
	3   Baltimore (i	ty Hos	pital	Baltimo ne E. STREET AND NUMBER		ON KKSAY
		0	1	27 S. East.	Avenue	
5.	SEX 6. RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
	M	WIDOW		7/2/'24	47	Months; Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of wo		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	Meat Cutter		ly Delicatessan	Maryland		USA
	FATHER'S NAME	-1	,	14. MOTHER'S MAIDEN N	AME	
	Joseph Schult: Was Deceased Ever in U. S. Armed F	3.		Clara Piase	cki	
15. (Ye	Was Deceased Ever in U. S. Armed F. s,no or unknown) (If yes, give wor or do	orces? tes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		218-16-1059	Mrs. Mildred	S. Schultz	27 S. Cast ive.
	18. 398XI		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION D			DAKIMATIC 1	11.00	SEI WEEN ONSE! AND DEATH
	LEADING TO DEATH	-	(A) IMMEDIATE CAU		10/0/3	301/17,
	heart failure, asthenia, etc. Il mean injury or complication which cause	s the disec	ise,	CONSEQUENCE OF:		
	ANTECEDENT CAUSE					
	DISEASES OR CONDITIONS, if		ing DUE TO, OR AS	A CONSEQUENCE OF:		******************************
	rise to the above cause (A)		lhe			
	11		(C)			
NO	OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTIN	1G			
ATI	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	RT 1 (A).		************		
FIE	19A. DATE OF OPERATION 198. CO	NDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATION	21A ACCIDENT WAS UNDERLYING		218. PLACE OF INJURY (e.g., in	or about 21C WHERE DID		
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify modicol examine)	_	home, form, foctory, street, old	ice bldg. INJURY OCCUR?	fit in politime	ore City, give exect lecotion)
EDIC	21D-TIME (Month) (Doy) (Yeor	(Hour)	21E INJURY OCCURRED	21F. HOW DID IN	ILLIEV OCCUPY	
ME	OF INJURY (APPROX.)		While At   Not While	1	JORI OCCOR:	
		1) 1	Work At Work	and all		4 7/
	22. I certify that (I) (this hospitathat (I) (we) last saw the decease		dillor -	197/ and	19 0/ ta 9/	19.//
				reasons - / office francous account WITO		pinian death accurred an the date
	and haur and from the causes st	area aleave	(did) (did nat) vi	ew the bady after death	•	238, DATE SIGNED
	Asin amin White	Kroti		nding Med.	Shaff Phys.	0/17/5
	235/PHYTICIAN'S NAME (Type)	o vece	DEGREE Phys.	3D. ADDRESS	Phys. L.J	41/1/
	NAME (Type) WIL WI	Ann	ME	121 S. HIGH	HAMP RIE	Barra M171724
24/	A. BURIAL CREMATION, 248. DATE	240	NAME OF CEMETERY OF CRE		LOCATION (C	City, town, or county) (Stote)
	Burial 9/21/	/ .	St. Stanislaus		4	/ /
25/	T' DYE GAR, D'EN HENTAND DELLE) &	26BCNAS	E OF REGISTRATE	(emetery Bo	eltimore, M	aryland ADDRESS
	DEL ST 19/1 //9	E. E. N	(auber, M. O.)		A	10 E. Baltimore of
-	100 001/ 1/1//0			10100	and the second	· Ducumone of



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

-	1,00	71 8	A # A	BALTIMORE CITY	HEALTH DEPARTMENT		
BIR	TH NO.	) /1 8	ROU	CERTIFICA	TE OF DEATH	REG. NO	71 8850
1. N	AME OF DECEA				2. DATE A	ND HOUR OF DEAT	н
		Elizabe	th J.K	ADDEA ONOUNCED DEAD	9/20	/171	м.
3,	PLACE IN BALTIA	AORE, MARYLANI	, WHERE PR	ONOUNCED DEAD	IIA. STATE B. COU	ere deceased lived. If NTY	institution: residence before admission)
FU	LL NAME OF	(IF NOT IN HO	SPITAL OR II	NSTITUTION, GIVE STREET	Maryland		-3673
IN.	NOITUTIE				C. CITY OR TOWN  Baltimone	D. IN	ISIDE CITY LIMITS?
	00	373	ELmon	a Avenue	E. STREET AND NUMBER		125 100
					3735 Elmora	Avenue	
5. 5	SEX 6.	RACE		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
104	/·.	W.		WED DIVORCED	7/26/89	182	
don	e during most of wor	king life, even if reti	edì I _	D OF BUSINESS OR INDUSTRY	21 4 4	eign country)	12. CITIZEN OF WHAT COUNTRY?
12	(haruwa		(ii	ty Paltimore	Manyland		USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
16		zvanagh	F- 0	197.000	Anna (ummi	ns	
(Ye	s, no or unknown) (II	yes, give wor or	dotes of serv	ice)   16. SOCIAL SECURITY NO.	17. INFORMANT	~;~	ADDRESS
_	//0			220-30-6401	1	appes 3/35	Elmora Avenue
	18. / 8 L/	OR CONDITION	DIRECTIV	CAUSE OF DEATI	1	$\cap$ . $/$ $/$	BETWEEN ONSET AND DEATH
		ADING TO DEA		and on tolk	Called d	1 (//1/10	2-3 yrs
		meon the made			A CONSEQUENCE OF:	0,0000	
		cotion which cou		, 430,		/	/
	AN	TECEDENT CAU	SES	(B)			
		CONDITIONS,		ving DUE TO, OR AS	A CONSEQUENCE OF:		
		CONDITION lost	, d	(c)		*************	
z	A 7115 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A	11			4	1/1	Hd 5 3.
ATION	TO THE DEATH I	NT CONDITIONS BUT NOT RELATED	O THE TERMI	NAL HEREL	Hulmee	a Maer	the 2-342
FIC.	19A. DATE OF O	PERATION 198	ONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of N	of 208, IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	7)					IN CERTIFIING C	AUSES OF DEATH?
1	OR CONTRIBUTI	WAS UNDERLYIN	G∏	218. PLACE OF INJURY le.g., in home, farm, foctory, street, af	ice bidg., INJURY OCCUR?	(If In Boltim	ore City, give exoct location)
U	DEATH (notily m			etc.)			
MEDI	OF INJURY	Aonth) (Doy) (Y	eon (Houd	While AI Not While	21F. HOW DID IN	JURY OCCUR?	
	IAPPROX.)	<u> </u>		Work At Work	4/100	)	2 /2 71
				ed the deceased from	0-19-10		7-15 19//
		st sow the dece					olnion death occurred an the date
	and Woor and for	am the causes	stated abov	6. (1) (We) (did) (did nat) y	lew the body ofter death.		
		As.	TI	les 1 day Atte	nding Med.	Shoff	23B. DATE SIGNED
	23C. PHYSICIAN'S	acou	1 10	DEGREE Phys	Director L	Phys.	7-20-11
	NAME (Type	1111	7/	MIK	49	he T	1 1 21731
24A	BURIAL CREMA	TION, 248. DATE	24	C. NAME OF CEMETERY OF CRE	MATORY 24De 1	OCATION (	City, town, or county) (Stote)
	Burial	eify) 9/22	,	New (athedral (			/ /
$\vdash$	DATE REC'D BY	HEALTH DEPT.		ME OF REGISTRAR	emetery Ba		<u>ADDRESS</u>
	SEP 21	1971 12	Be & E.		John A. Olona	8	0 & Baltimore St.
VS	150-REV. 1/1/68	40-1 -0010 -01			1000	000	E. Capacita ice of



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the state	BIRTH
S S S	(Туре
pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.	BIRTH 1. NA (Type 3. PL FULL HOSI INSTI 10A. L done of MA 13. FA
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approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contributin f any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined c I (except where the physician who pronounced death was in regular of i, and (6) No physician was in regular attendance on the deceased prine obtained before the remains are embalmed or final disposition is made.	5. SE
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, 5 and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	L.F
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	VS 1

	7			BALTIMORE CITY	HEALTH DEPARTMENT	1	
	-630 TH NO.		851	CERTIFICA	TE OF DEATH	REG. NO	71 8851
(Тур	AME OF DECEAS	HARDT, LA	WRENCE			9/17/71	h 1/1:30 Pm
3. 1	LACE IN BALTIM	ORE MARYLAND,	WHERE PRON	DUNCED DEAD	A. STATE B. COU	NTY	1111,-
FUI HO	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTI	TUTION, GIVE STREET	MD MM	MILLER SVII	IDE CITY LIMITS?
		HOSPITA	1		BALTIMORE		YES NO KX
-0		RE, MARYL			e. STREET AND NUMBER 156 OBRECH	HT RD	
5. S	EX  6. II	ACE	7. MADDICE	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. if Under 24 Hrs. Months: Doys Hours Min.
	MALE	WHITE	WIDOWE	DIVORCED [	9 2 29	lest birthdoy) 42.	
done	during most of work	ing life, even if refired)	D.E.P	S Ca.	MARYLAND	leign country)	U S A
13. [	FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·			14 MOTHER'S MAIDEN N.	AME	
		GAYHARD	-			HELEN	
Yes	Wes Deceased Eve uno or unknowni](If	r in U. S. Armed Fr yes, give war or da	orces? tes of service)	SECURITY NO.			1D. 2 120255
	no			217 24 3380	ST AGNES H	HOSPITAL V	VILKENS & CATON
CERTIFICATION	(This does not heart failure, ast injury or compile ANT DISEASES OR ise to the c UNDERLYING C  OTHER SIGNIFICA TO THE DEATH BIDISEASE OR CONI	NT CONDITIONS CO UT NOT RELATED TO DITION GIVEN IN PA ERATION 1198 CO	f dying, e.g. the disease death.)  S any, givin staling the contribution on the terminal left 1 (A).	(c) (c) (c)	SE organism A CONSEQUENCE OF: photarco A CONSEQUENCE OF:	ma sfa	Se JV  FINDINGS CONSIDERED LUSES OF DEATH?
	21A. ACCIDENT 1 OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING	21 he	BPLACE OF INJURY (e.g., in orange, form, foctory, street, of cd	n or obout 21 C. WHERE DID fice bidg. (NJURY OCCUR?	(If in Boltime	re City, give exact focation)
LU	03.65 201.45	lonth) (Doy) (Year	) (Hous) 21	E (NJURY OCCURRED	21F. HOW D(D (	NJURY OCCUR?	
0	21D. TIME (M	171 11					
MEDICAL	OF INJURY		V	/hile At   Not While	• [		
	OF INJURY (APPROX.)		W	/ork L At Work	• 🗆		6/17/
	OF INJURY (APPROX)  22. I certify the	t (1) (this hospite	al) attended	the deceased from	°□   8/10	1971 10	9/17/19_71
	OF INJURY (APPROX.)  22. I certify that that XIX (we) Issue	it (P) (this hospite	al) attended sed alive on	the deceased from	8/10 	that in (my) (our) ap	9/17/ 19_71 Inion death occurred on the date
	OF INJURY (APPROX.)  22. I certify that that XIX (we) Issued	it (P) (this hospite	al) attended sed alive on	the deceased from	8/10 	that in (my) (our) ap	inion death occurred on the date
	OF INJURY (APPROX.)  22. I certify that that XIX (we) Issued	it (P) (this hospite	al) attended sed alive on	the deceased from 9/17	8/10 	that In (Xa)X) (our) ap	inion death occurred on the date
	OF INJURY (APPROX.)  22. I certify the that XUX (we) las and hour and fre	it (P) (this hospite	al) attended sed alive on	the deceased from 9/17	8/10 19_71 and riew the bady after death	that In (Xa)X) (our) ap	inion death occurred on the date
	OF INJURY (APPROX.)  22. I certify the thot XIX (we) Ica and hour and fr. 23A. SIGNATURE	of (1) (this hospites) sow the decear	al) attended sed alive on	the deceased from 9/17  (X) (We) (did) (XXXXXX Attempts of the physical attempts of the physical	8/10 19_71 and riew the bady after death	that in (my) (our) ap	inion death occurred on the date
	OF INJURY (APPROX.)  22. I certify that that XIX (we) I as and hour and from the control of the	on the causes st	al) attended sed alive on ated above.	the deceased from 9/17  (X) (We) (did) (XXXXXX v  Attemption of the physical o	8/10  19 71 and liew the bady after death ming Med. Director 23D. ADDRESS	that in (Yu) (our) ap	238 DATE SIGNED 09-18-71
	OF INJURY (APPROX.)  22. I certify that that XIX (we) I as and hour and from the control of the	of (1) (this hospites) sow the decear om the causes st Puffel	al) attended sed alive on ated above.	the deceased from 9/17  (X) (We) (did) (XXXXXX v  Attemption of the physical o	8/10  19 71 and liew the bady after death Director Caroling Carolination Carolinati	that in (Xi) (our) api	inion death occurred on the date
24/	OF INJURY (APPROX.)  22. I certify the thet VIV (we) Ide and hour and fr. 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) PER  BURIAL CREMA REMOVAL (Spec	on (1) (this hospites sow the decear om the causes st Puffel FECTO VAI	LARO,	the deceased from 9/17  (X) (We) (did) (XXXXX v  Attempted Phy  M.D.  DEGREE  NAME of CEMETERY of CRI	8/10  19 71 and liew the bady after death linding in Med. Director in Med. Director in Med. State of Med. State of Med. Director in Med. Direc	Shoff XX DA Phys. XX DA Phys. XX DA LOCATION (C	238, DATE SIGNED 09-18-71  LTO., MD. 21229 ity, town, or county! (State)
24/	OF INJURY (APPROX.)  22. I certify the thet (IV) (we) Id: end hour and fr. 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) PER	FECTO VA	LARO,	the deceased from 9/17  (X) (We) (did) (XXXXX v	8/10  19 71 and liew the bady after death Director 23D. ADDRESS  ST AGNES HOME MATORY 24D.	shoff XX (our) api	238, DATE SIGNED 09-18-71  LTO., MD. 21229 ity, town, or county! (State)

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death

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rect or contributing cause of death (4) Undetermined cause; (5) Deceased

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**SDM** 

death

kind;

fracture of any who pronounced

where the physician

(except

a hospital

ā An

deceased prior to written approval

must

23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

Burial

VS 150-REV. 1/1/68

REMOVAL (Specify)

24A, BURIAL CREMATION, 248, DATE

25A. DATE REC'D BY HEALTH DEPT.

examiner.

medical burns;

o the hospital by a n any nature; (2) Body

of

accident

to the hospital

approved

must be was released

certificate

the body

shows:

or contributing

the direct

Such BIRTH NO I. NAME OF DECEASED Keith E. Mc (Type or Print) E O 0 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP attendance (IF NOT IN HOSPITAL OR INS FULL NAME OF HOSPITAL OR Baltimore City Hosp: prior 4940 Eastern Avenue made Baltimore, Maryland regular 5. SEX 6. RACE deceased 7. MARRIE Male White WIDOWE 10A. USUAL OCCUPATION (Give kind of work 108, KIND disposition done during most of working life, even if retired) Car Repair Shop Beth 13. FATHER'S NAME the Judson 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give wor or dates of service or final attendance No DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g regular heart failure, asthenia, etc. It means the diseas injury ar camplication which caused death.) ANTECEDENT CAUSES be obtained before the remains are DISEASES OR CONDITIONS, if any, givin rise to the above cause (A) sloting th death); and (6) No physician was in UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined OF INJURY (Month) (Doy) (Year) (APPROX.) W 22. I certify that (1) (this hospital) attended that (4) (we) last saw the deceased alive an.

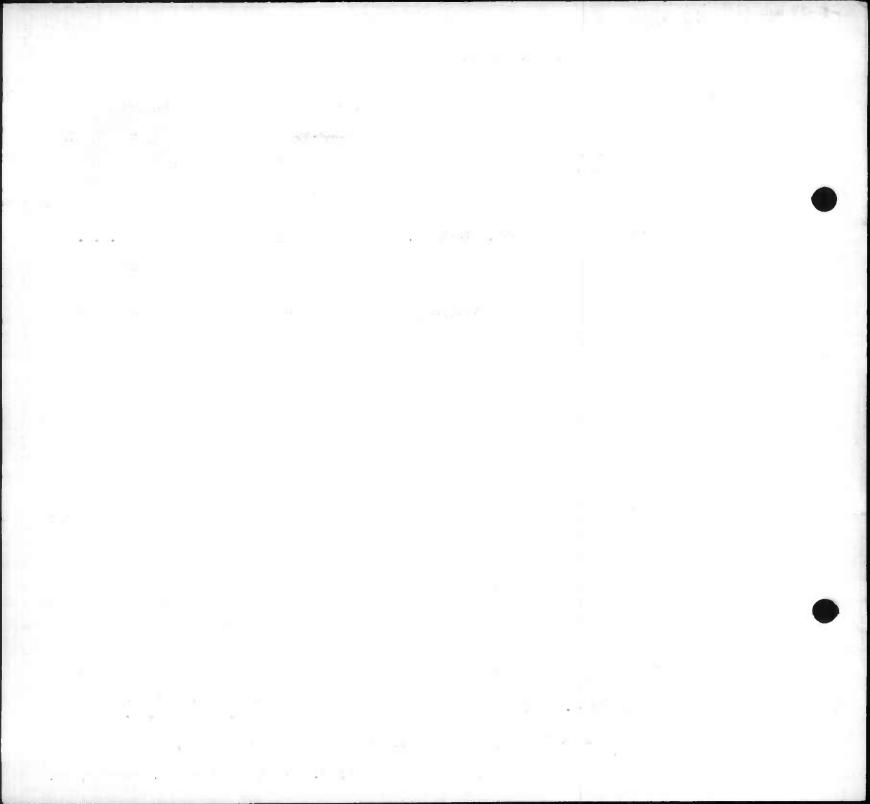
and have and from the causes stated above.

Kevin J. Hunt

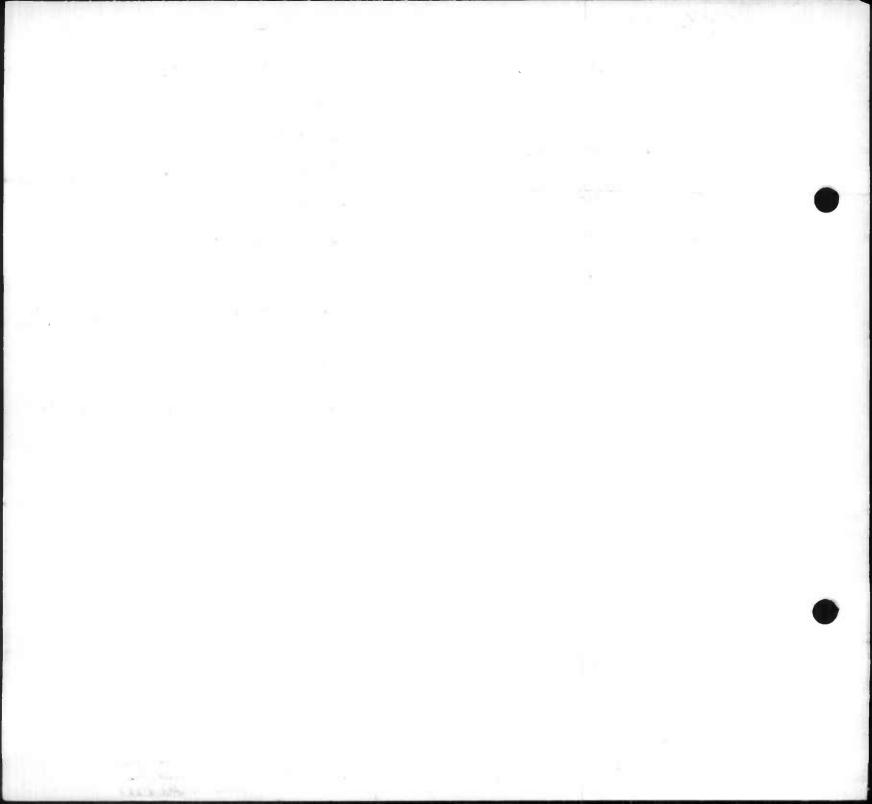
9-20-71

258. NAME

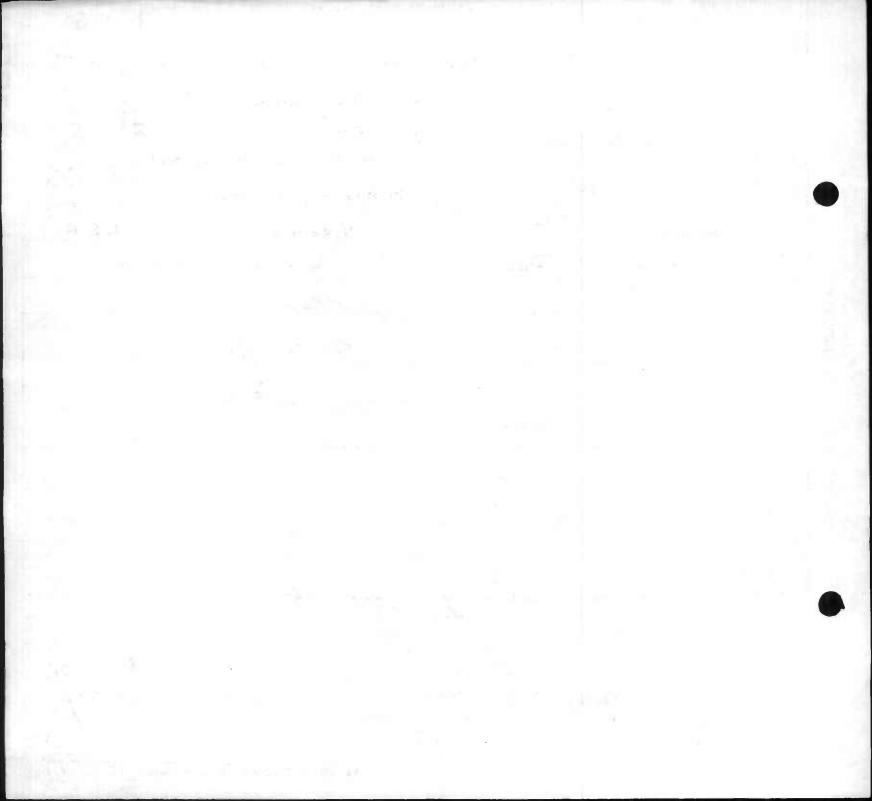
BALTIMORE CITY	HEALTH DEPARTMENT					
CERTIFICA	TE OF DEATH REG. No. 71 8852					
· McElroy	2. DATE AND HOUR OF DEATH					
McElroy	9/18/71 7:45 M					
FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
OR INSTITUTION, GIVE STREET	Maryland Baltimore 5 300					
ospitals	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
nue	Dundalk YES NO A					
nd 21224	6925 Broening Road 21222					
ARRIED NEVER MARRIED						
DOWED DIVORCED	3-5-1907  9. AGE (in years of Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Beth. Steel Co.	West Virginia U.S.A.					
	14. MOTHER'S MAIDEN NAME					
	Rena Taylor					
service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
	Records: BCH-4940 Eastern Avenue 21224					
CAUSE OF DEATH						
Y	BETWEEN ONSET AND DEATH					
g, e.g., (A) IMMEDIATE CAUS	SE Hodgkin's Disease 5 yrs					
g, e.g.,  DUE TO, OR AS A h.1	CONSEQUENCE OF:					
11	Dt and a					
giving (B) Caree	A CONSCILENCE OF					
ng the						
(c)						
UTING						
MINAL ).						
POR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
218 PLACE OF INTIPY (e.g. le or obout/2°FC WUEDE DID						
home, form, foctory, street office bldg. INJURY OCCUR?						
21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
While At Not While At Work						
anded the deceased from March 19 66 to 9/18 1971						
ve an 9/18 19 7/ and that in (my) (aur) opinion death occurred an the date						
ave. (1) (Wa) (did not) view the bady after death.						
23B, DATE SIGNED						
Attending   Med. Staff   9/18/7/						
Baltimore City Hospitals						
DEGREE 4940 Eastern Avenue, Baltimore, Md. 21224  24C. NAME OF CREMETERY OF CREMATORY    24D. LOCATION   (City, lowe, or county)   (Social County)   (Social						
	13tole)					
Holly Hill Mem. G						
John J. Duda 7922 Wise Ave. Dundalk, Md.						
Duda 4722 Wise Ave. Dundalk, Md.						



1	(	-230 74 0052 CERTIFICA	ATE OF DEATH REG. NO. 71 8853		
l and death eased n the Such	1. N	NAME OF DECEASED	2, DATE AND HOUR OF DEATH		
on on o		JOSEPH F. CASSIDY	SEPTEMBER 16,1971 P.		
Dita Dec ath.	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, il institution; residence belore odmission)		
hos ise (5) de	FU	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore		
se;	IN:	STITUTION	C. CITY OR TOWN  Catonsville  D. INSIDE CITY LIMITS?		
ng cau atte	1	St. Agnes Hospital	E. STREET AND NUMBER		
TO 1			6141 Regent Park Rd.		
tribut mined gular sed pr made.	5. S	MAKKIED Z NEVER MARKIED	8. DATE OF SIRTH 9. AGE (In years If Under 1 Yr. 11 Under 24 Hrs. Months; Days Hours; Min.		
ocont ont reg reg	104	male white WIDOWED DIVORCED LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Aug. 11,191/ 54		
or condition or condition	don	te during most of warking life, even if retired)	The state of the s		
de de Con Con Con Con Con Con Con Con Con Con	13.	Sales Manager   American Brewe	14. MOTHER'S MAIDEN NAME		
rect (4) U wa the spos		Joseph S. Cassidy			
ath ath on I di	15. \	Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Marie Weyrauch 17. INFORMANT ADDRESS		
assistan if the d ny kind; d deatl ance or r final d		no no none services security No.	6 Mrs. Doris G. Cassidy 6141 Regent		
if if if if if if if if if if if if if i		IB. 4/ CAUSE OF DEAT	TH APPROXIMATE INTERVAL		
So, of or or or or or or or or or or or or or		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH		
O A O C D E		(This does not meen the mode of dying, e.g.,	A CONSEQUENCE OF:		
ner. rer. pro lar		heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)			
min min ho ho ho ho ho ho ho ho ho ho ho ho ho		ANTECEDENT CAUSES	us Conneus artery desease 9 years.		
wh wh are		DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS rise to the above cause (A) stating the	S A CONSEQUENCE OF.		
ian ian sir		UNDERLYING CONDITION last. (C)			
medical burns; hysici n was remai	N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
P P P P P P P P P P P P P P P P P P P	A	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************		
hie he he	CERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
he c by re t phy fore		21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., hame, form, factory, street, c	in or obout 21 C. WHERE DID (If In Baltimare City, give exect location)		
to to to to to to to to to to to to to t	CAL	OR CONTRIBUTING CAUSE OF CEC. hame, form, factory, Sitres, cells.	office bldg., NJURY OCCUR?		
ospi ospi ospi ospi ospi ospi ospi ospi	ā	21D. TIME (Manth) (Dayl (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
d e d	2	(APPROX.) While At Wark At Wark	le 🗌		
L C A X E D		22. I certify that (I) (this hospital) attended the deceased fram	1919		
of to poly			19 and that in(my) (aur) apinian death accurred an the date		
death)		and haur and from the causes stated above. (i) (We) (dld) (dld nat)	view the bady after death.		
Po do m			ending Med. Staff M		
accide to by to by to by to by to by to by to by to by to by to by to by the by			23 D. ADDRESS		
This certificate must be app the body was released to the shows: (1) An accident of an was D.O.A. at a hospital (e deceased prior to death); a written approval must be of		DEGREE	St. Agnes Hosp. Baltimore 21229 (ER)		
TA COPE	24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (Stotel		
his cert he body hows: (1 ras D.O ecease rritten o	264	Burial 9/20/71 New Cathedral			
This cer the bod shows: was D.( decease	ZOA	SFP 21 1971 Pobage E. Jabba, M.D.	25C. FUNERAL DIRECTOR Steeling Juneral Estate ADDRESS 736 Edmondson Ave.		
	VS 1	150-Rev. 1/1/68	Cutomodile, Md. 27228		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH rif death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) L 0 ARRIS before admission) death. USUAL RESIDENCE IWKere deceased 3. PLACE IN BALTIMORE, MARYLANO, WHERE PRONOUNCED DEAD lived. Il institutions residence ance A. STATE B. COUNTY MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? attend 0 YES 🔀 NO BALTIMORR South Biltinore Gen Hospie E. STREET AND NUMBER prior 800 AVE. + AIR HAVEN regular 9. AGE (In years lost birthday) disposition is mad 5. SEX 6. RACE & DATE OF BIRTH If Under 1 Ya Il Under 24 Hrs. Hours Min. · MARRIED NEVER MARRIED deceased DIVORCED A AUG. 29, 1921 WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE IState or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ξ done during most of working life, even if retired) U.S.A. VIREINIA UNKABUN Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME direct assistant if th. A HENRY ARRIS death EO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give war or dates of service) & SOCIAL 7. INFORMANT ADDRESS or final SECURITY NO. attendance fracture of any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF regular ANTECEDENT CAUSES who the remains are CONSEQUENCE OF DUE TO, OR AS A DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost physician No physician was medical any nature; (2) Body burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTIFICATION 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSYZ (Yes or No.) the 8 before 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidge INJURY OCCUR? etc.) 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF (If in Boltimore City, give exoct location) where to the hospital MEDICAL DEATH (notify medical examined 67 be obtained OF INJURY 21F. HOW DID INJURY OCCUR? (Month! (Doy) (Year) (Houd 21E INJURY OCCURRED 9 approved Not While (except While At (APPROX) At Work Work and 22. I certify that (1) (this hospital) attended the deceased from death); and that in(my) (our) apinian death occurred on the date that (i) (we) last saw the deceased alive on. ō hospital certificate must be ond hour and from the causes stated above. (i) (We) (did) (did not) view the bady after death. the body was released written approval must An accident 23A. SIGNATURE 23 LOATE SIGNED Attending Med. Director 0 Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS eceased prior to NAME (Type) Hos D.O.A. shows: (1) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) GREENSIELD Baptist -19-71 CRA 25B. NAME OF REGISTRA Was 25A. DATE REC'D SY HEALTH OFFT. 25C. FUNERAL DIRECTOR 1050 O TOWSON VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deoth. Such written approval must be obtained before the remoins are embalmed or final disposition is made.

1	D-000 71 8855 BALTIMORE CITY	HEALTH DEPARTMENT				
	CERTIFICA	TE OF DEATH REG. NO. 1/1 8855				
	NAME OF DECEASED Dessie P. Dye  Open or Print)  DESSIE PEARL  DYE	2. DATE AND HOUR OF DEATH				
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)  A. STATE  B. COUNTY				
IIН	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	MARYLAND BALTIMORE (DINDACK)				
0	49 NORTH CHARLES GENERA HOSP.	E. STREET AND NUMBER				
5,	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   II Under 1 Yr. , II Under 24 Hrs.				
	Female WHITE WIDOWED DIVORCED	7/11/94 last birthday! Manths Doys Hours Min.				
10 do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even it retired)	11. BIRTHPLACE Istate or largin country! 12. CITIZEN OF WHAT COUNTRY?				
	AT USEWIFE	W. VIRGINIA U.S.A.				
113	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
7.5	ARTHUR MURRAY Was Deceased Ever in U. S. Armed Forces? [16: SOCIAL	Rebecca McKinney				
lu.	s, no or unknown) (III yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS				
	No   232 - 05 - 55°8	NORTH CHARLES GENERAL HOSPITAL CHART				
	DISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	15 Brain hali angues Decent				
	heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:				
	injury or complication which caused deoth.)  ANTECEDENT CAUSES	Property 19				
	(B)	A CONSEQUENCE OF:				
	rise to the above cause (A) stating the	(adeus carcumi				
	UNDERLING CONDITION last, (C)					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	200000000000000000000000000000000000000				
ERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., it hame, farm, factory, street, of DEATH (notify medical examined)	n or about 21 C. WHERE DID (If In Baltimare City, give exact location) lice bldg., INJURY OCCUR?				
MEDI	21D-TIME (Manth) (Doy) (Year) (Haus) 21E INJURY OCCURRED  OF INJURY (APPROX.) While A1 Not While  A1 Work A1 Work	21F. HOW DID INJURY OCCUR?				
	22 1	plember 8 197/ 10 Sytunder 17 1971				
	22. I certify that (1) (this hospital) attended the deceased from hospitality 1971 to following 1971 to that (1) (we) last saw the deceased alive an following 17.19.71 and that in (my) (aur) opinion death accurred an the date					
	and have and from the causes stated above. (1) (We) (did) (did not) v	lew the bady after death.				
	perpere Phys	nding Med. Staff Director Phys. 238, DATE SIGNED				
	RUFIND G. MONTENEGRO MP.	NORTH CHARLES AND 28th ST. BALTO. U.S.				
24	REMOVAL (Specify) 248, DATE 24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)				
	Burial 9-21-71 East Oak Grove C					
25.	SEP 21 1971 Pas & E. Jahren M. B.	John Jo Duda Funeral Home 7922 Wise Dundalk, Mc				

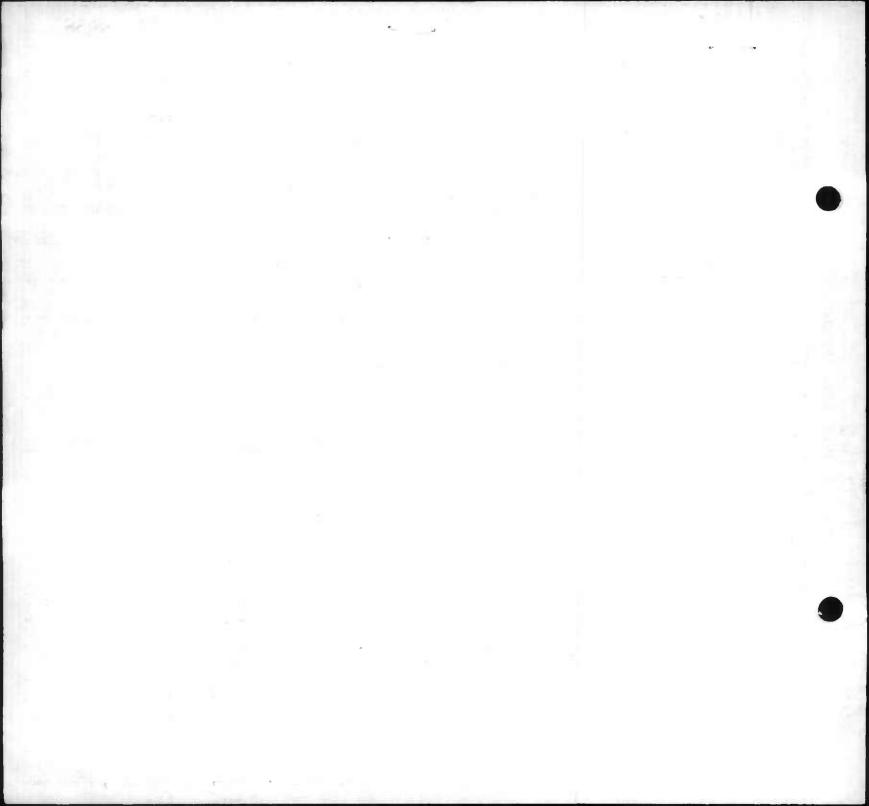
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Dy Midicap Examin Helon

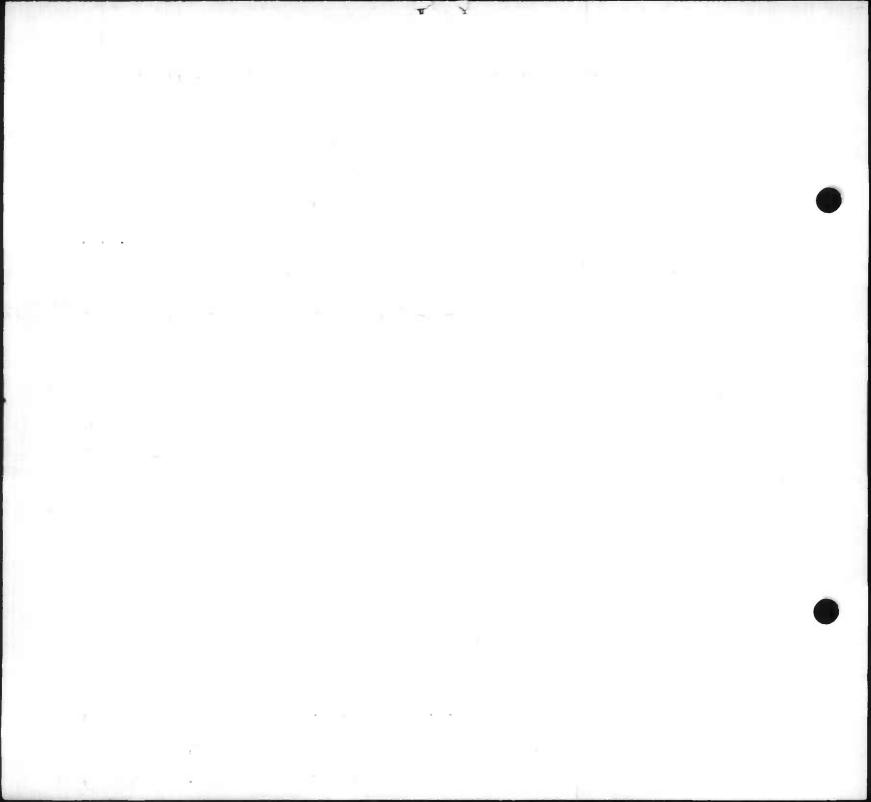
Reloased

1	BALTIMORE CITY HEALTH DEPARTMENT							
BÍR	BIRTH NO. 71 8856 CERTIFICATE OF DEATH REG. NO. 71 8856							
	Pe or Print)	BORGE	AIB	REY	9_	20-71	12.30 P.M.	
3.	PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONOL	UNCED DEAD	4. USUAL RESIDENCE (WHA, STATE B. COU	ere deceased lived. Il in:	stitutions residence before admission)	
HO	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	MARYLAN	D	DE CITY LIMITS?	
II.	THE UNIO	ON MÉMOR	CIAL H	OSPITAL	BALTIMOR		YES NO	
	4				E. STREET AND NUMBER	AUENUE	21214	
5. :		RACE	7- MARRIED	NEVER MARRIED	S. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Under 24 Hrs. Months! Days Hours Min.	
	MALE	WHITE	WIDOWED		9-17-1899	T2	Monins Doys Hours Min.	
		TION (Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE   Stale or for	reign countryl	12. CITIZEN OF WHAT COUNTRY?	
	e could up a co	and mot even a sement	Gas &	Elect. Co.	Md		U.S.	
13.	FATHER'S NAME		<del></del>		14. MOTHER'S MAIDEN N	AME		
	Edwin Fi	lbey			Lyda (Akeh	urst)		
15. (Ye	Was Deceased Eve s, no or unknown! (If	er in U. S. Armed For yes, give wer or date	ces? s of service)	1 & SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	Yes	IWW		212 05 3986	Mrs Bertha	Filbey 600	00 Edna Ave #14	
	18. 44/	, 21,		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		OR CONDITION DE	RECTLY		EXERNIG	UINATION	1 11.	
	(This does not	mean the mode of	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	37107777070	7-1007	
	heart failure, ast	henia, etc. It means	the disease,					
	AN	TECEDENT CAUSES		RUPTU	RED ADRTIC	ABDOMINA F	INGURINA 5 days	
		CONDITIONS, If		DUE TO, OR AS	A CONSEQUENCE OF			
		obove cause (A)	stating the	(c) Jeners	lized A	erios claras	is Years	
		n	<del></del>	7				
N S	OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING					
CERTIFICATION	DISEASE OR CON	DITION GIVEN IN PAR PERATION 119E CON	T 1 (A).	WHICH OPERATION	[20A.AUTOPSY? (Yes or	Noll 208, IP YES WERE I	INDINGS CONSIDERED	
	9-20-	WAS PER		ANEURYSM	No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
1 5		WAS UNDERLYING		PLACE OF INTURY IS A	or obout 21 C. WHERE DID	(II in Baltimor	e City, give exact lacation)	
₹	DEATH Inotify me	edical examined	elc.	e, tam, tactory, street, or	fice bidg, INJURY OCCUR?			
ă	21 D. TIME IN	Nonthi (Day) (Year)	Haud 21E	INJURY OCCURRED	21F. HOW DID IN	HURY OCCUR?		
2	(APPROX)			While At Work At Work				
22. I certify that (I) (this hospital) attended the deceased from 9/16 1971 to 9/20					120 1971			
11	that (1) (we) 10	st saw the decease	d alive an_	9/20	19 <u>_7</u> and	that in (my) (aur) opt	nion death occurred on the date	
	and hour and fr	and hour and from the courses stated above (1) (We) (dld) (dld not) view the body after death.						
	23A. SIGNATURE	telentit	MV)2.	M.D.			23B, DATE SIGNED	
	H.	J. 1-10	Konk	DEGREE Phy		Staff Phys.	19-20-11	
23C. PHYSICIAN'S Alan C. Woods dr. W.D. 23D. ADDRESS 550 North Broad Company of the NAME Type! Alan C. Woods dr. W.D. Wilder HOSPATAL						かかかれ		
24	A. BURIAL CREMA	TION, 24B, DATE	24C.N	AME of CEMETERY of CRI	MATORY 24D.	LOCATION ICI	ly, town, or county) (Stotel	
	Burial	9 23 '	71 T.	oudon Park	F	Baltimore M	Id.	
25	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS							
	SEP 22 17 Pos & Endanger Do O Lepnard J. Truck, Inc. Balto Md							
VS	V\$ 150-REV. 1/1/68							



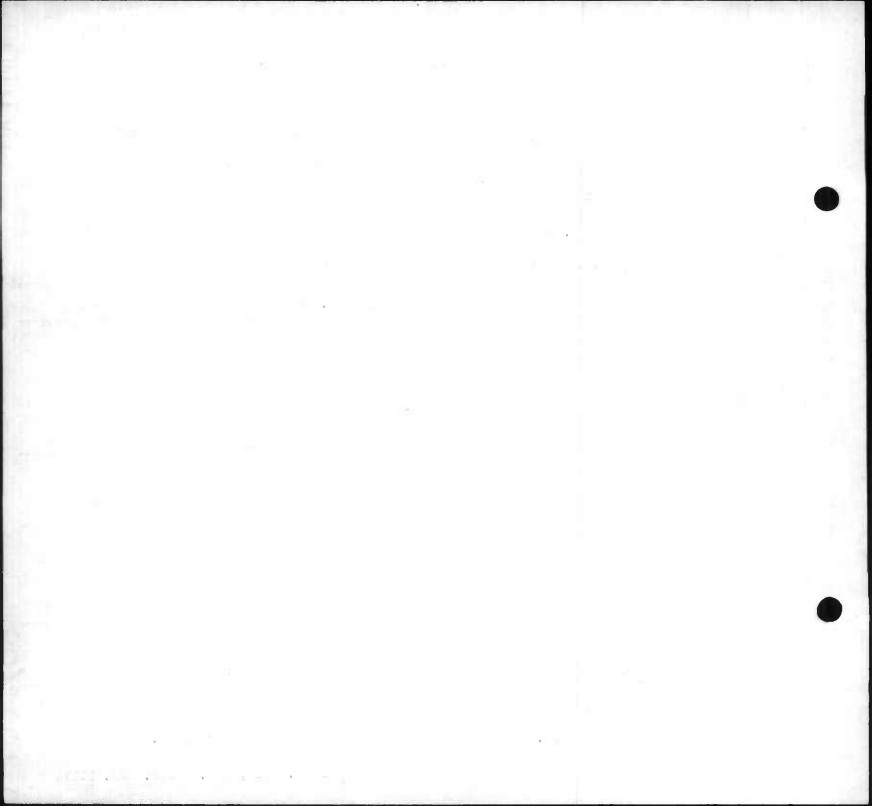
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	5-217 54	BALTIMORE CITY	HEALTH DEPARTMENT		
BI	5-263 71 8857.		TE OF DEATH	REG. NO	71 8857
	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	000
	Louisa R Schu	ckert	Septe	ember 19,1	19711 6:30 P.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. It in	istitution: residence before admission
F	JLL NAME OF (IF NOT IN HOSPITAL OR II	ASTITUTION GIVE STREET	Maryland	**	2747
]] H	OSPITAL OR ADDRESS OR LOCATIONS	TOTAL CONT. CATE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
l!	00		Baltimore	0. 1143.	YES TK NOT
			E. STREET AND NUMBER		
	3205 Batavia Ave		3205 Batavia	a Ave	
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months: Doys : Hours : Min.
		WED DIVORCED	May 14, 1894	ost birthday	Months Doys Hours Min.
10,	A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
1	Housewife		Maryland		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A.E.	0.5.A.
Ш	Conrad Miller		Anna Gering	12	
15.	Wos Deceosed Ever in U. S. Armed Forces?	1) 6 500144			
(Ye	s, no or unknown! (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		Valley
L	No	212-46-123	Mr Charles F	R Little 1	1802 Dulaney YXXX
	18.43/1/	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cero	brovascular -	Nounat.	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying,	(A) IMMEDIATE CAU	2E	- A Comovina	TI I
	heart failure, astheria, etc. It means the dise	ose, DUE TO, OR AS	CONSEQUENCE OF:		
	injury ar camplication which caused death.)	Cia	Levis clevori		
	ANTECEDENT CAUSES	(8)	un sauvi	5	
	DISEASES OR CONDITIONS, if any, gi rise to the obove cause (A) stating	ving DUE TO, OR AS	A CONSEQUENCE OF:	*************	
	UNDERLYING CONDITION last.				
	11	(C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG			
AT	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 [A].	***************	*********		
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes at No)	208, IF YES, WERE F	INDINGS CONSIDERED
CEI	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	of obout 21 C. WHERE DID	(If In Rollman	e City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street, off	ice bldg., INJURY OCCUR?	in in polimore	City, give exact locotion;
EDIC	21D-TIME (Month) (Doy) (Year) (Hour)				
ME	OF INJURY	While At Not While	21F. HOW DID INJU	RY OCCUR?	
	(APPROX.)	Work At Work			
	22. I certify that (I) (this hospital) attend	ed the deceased fram	8-10-11 19	10 AUG	us/ 25 197/
	that (1) (we) last sow the deceased alive		19.7/ and that	tin (my) (out) goin	nion death occurred an the date
	and haur and from the causes stoted abov	e. (1) ( <del>We) (did</del> ) (did not) vi	ew the bady after death.		The sales
	23A. SIGNATURE		, 31101 4001116		23B, DATE SIGNED
	melet m. To	un o Atter	ding Med. Si	haff hys.	9-21-71
	23C. PHYSICIAN'S	2 COREL	Director Pt	hys. 🗀	1 3111
NAME (Type)					7
Melito M Torres M.D. DEGREE 441 S. Ellwood Ave Baltimore, Md					
	REMOVAL (Specify)		24D. LOC	UATION (City	y, town, or county) (State)
25.4	Burial   9/22/71	Holy Redeemer		Ltimore, M	Maryland
234	CFP 2 2 1971	BE KIN'A	25C, FUNERAL DIRECTOR		ADDRESS
	JEI DIG TOTT	The state of the s	Leonard J'Ru	ick Inc. E	Baltimore, Md
VS	150-REV. 1/1/68				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	7 - 11				BALTIMORE CITY	HEALTH DEPARTMENT		
Bi	10H NO.	71	88	58	CERTIFICA	TE OF DEATH	REG. NO.	8858
	PAME OF DECE	HARVE	Y	B.	REMBOLD	2. DATE AN	20 7/	1 4 PM
3,	PLACE IN BALT	MORE MARY	LAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il insti	lution: residence before admission
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN	OR LOCA	AL OR INSTITU	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN		CITY LIMITS?
		N ME	mok	IAL	HOSP.	BALTIMOR E. STREET AND NUMBER	1 - 1 - 2	ES P NO
6	of the base of					1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NDEPENDO	ENCE ST,
[]		6. RACE		7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Under 24 His.
11 '	MALE	CAUC		WIDOWED		3-5-94	77	Tours Poys
do	A. USUAL OCCU ne during most of w	PATION (Give ki orking life, even	nd of work If refired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forci		12. CITIZEN OF WHAT COUNTRY
11	Retired A		hanic			MARYLANI		U.S.A.
13.	FATHER'S NAM	-	-	- 48		14 MOTHER'S MAIDEN NAN		
		ES R				Elizabeth CA 6	F	
15. (Ye	Wes Deceased s, no or unknown)	Ever in U. S. A (If yes, give w	rmed Forcer or dote:	es? of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	No				218-03-835	8 Mrs. Margare	t Rembold	(Same)
	18,412	41			CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE	OR CONDIT	TON DIR	ECTLY		0002'0	CUCTOLE	
	(This does no heart failure, a	t mean the s	node of	the disease.	(A) IMMEDIATE CAU	SE CARDÍAC A	15421000	***************************************
	Injury or comp	NTECEDENT		deam.)	DC a	17:		
				nv. nivina	(B) DUE TO, OR AS	A CONSEQUENCE OF:	VIII	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)							
ATIO	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOTRELA	TED TO TH	E TERMINAL	G.1.	Bleeding		
RTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. Date of Operation 198. Considered WAS PERFORMED ABDOMINAL ANEURYSM NO  204. AUTOPSY? (Yes or No) IN CERTIFYING CAUSES OF DEATH?						DINGS CONSIDERED	
AL C	21 A. A CCIDENT OR CONTRIBUT DEATH (notify of	ING 🗌 CAUSE	LYING	21 B.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimore C	Ity, give exect location)
EDIC	21D.TIME	(Month) (Day)		(Hour) 21 E	INJURY OCCURRED	21F. HOW DID INJU	IBA OCCUBA	
ME	(APPROXI			Whil	le At C Not While		, at o door.	
	Work LI At Work LI							
	that (1) (we) last saw the deceased alive on 9 - 20 19 7/ ond that In (my) (our) apinion death accurred on the dote and have and from the causes stated above. (11) (We) (did) (did not) view the body after death.							
					9 - 20 - 71			
	23 C. PHYSICIAN NAME (Typ	J.	HE	LOU		JD. ADDRESS, UMON M	EMOR , AL	HOSPITAL
24/	REMOVAL (Sp Burial	ATION, 248. I	23/71		ME of CEMETERY of CRE	MATORY 24D. LO 1 Cemetery B	cation (City, altimore, Md	town, or county) (State)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  SEP 22 177 Ruck, Inc. Balto. Md. 21214							
V5	150-REV. 1/1/68							



contributing cause of death etermined cause; (5) Deceased hospital deatl ance attend 0 prior occurred regular è E deceased 2 (4) Und OS the direct 3 IMPORTANT death no 0 kind: final attendance pronounced or embalmed DIRECTOR: ular 0 are physician remains MOS FUNERAL physician Body before the the 0 where to the hospital å any nature; obtained 9 approved (except and pe accident of hospital death) must 0 approval ō prior Ė deceased the body 0.0

Mas

VS 150-REV. 1/1/68

Lo

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JOHN F. NEUBAUER September 20, 1971 5 A N

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Md. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES X NO 1443 Cedarcroft Rd. E. STREET AND NUMBER 1443 Cedarcroft 5. SEX 6. RACE 9. AGE (In years lost birthdoy) 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED If Under 1 Yr. Months: Doys If Under 24 His. Hours i Min. Hours Dec. 25,1895 Male WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Ret. Interior Decorator Balto.Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E. Neubauer Mary Leoffer 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) Ill yes, give wor or doles of service) SECURITY NO. 216-05-4122 Mrs. Grace B. Neubauer Same as Above CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examined) OF INJURY (Month) (Doy) (Year) (Houd) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (1) (yet last saw the deceased alive an and that In(my) (our) apinion death accurred an the date and hour and from the causes stated above. (1) (12) (did) (did) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending | Med. Phys. Director 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specily) 24B, DATE 24C. NAME OF CEMETERY OF CREMATORY Burial Gardens of Faith Baltime 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc., Balto.Md.

. . . Refer of the contract of the c

#### IMPORTANT FUNERAL DIRECTOR:

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Such on the prior to death. in regular attendance was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased previtten approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death

	\ _150/1 QQEII	TE OF DEATH REG. NO. 71 8860					
	1. NAME OF DECEASED						
	GEORGE LE SPENCE	2. DATE AND HOUR OF DEATH					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	9-18-71   5:15 p.m. M.  4. USUAL RESIDENCE (Where deceased lived, If institution: residence belare admission)  A. STATE  B. COUNTY					
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD BALTO.					
	PLEASANT MANOR NURSING HOME	b. Name and					
	4615 PARK HEIGHTS AVE	WOODLAWN YES NO X					
	1 **	6027 MONTGOMERY AVE					
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	S DATE OF BIRTH IO ACC II.					
	MALE WHITE WIDOWED X DIVORCED	3-7-95   ast birthdoy) 76   Months Doys Hours Min.					
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	11. BIRTHPLACE IState at foreign country! 12. CITIZEN OF WHAT COUNTRY?					
	MEAT SALESMAN AMERICAN STORES	MD: USA					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	JOHN S. SPENCE	MARY C: HARTMAN					
l	15. Was Deceased Ever in U. S. Armed Forces?  Yes,no or unknown    11 yes, give wor or dotes of service   SECURITY NO.	17. INFORMANT ADDRESS					
	no 217037704	MARY S WATERS 814 COOKS LANE 21229					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart loilure, asthenio, etc., it means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (C)  (C)  10  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 120A AUTOPSYZ (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED.						
П	WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	21 & ACCIDENT WAS UNDERLYING 21 & PLACE OF INJURY (e.g., in DEATH (notify medical examines)	or about 21 C. WHERE DID (If In Baltimore City, give exact lacation) injury occur?					
	21D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?					
	22. I certify that (I) (this hospital) attended the deceased from	2/22/ 192/ to 9/8/7/ 19					
	that (1) (we) last sow the deceased alive on						
	and hour and from the couses stated abave. (1) (We) (did) (did not) view the bady after death.						
	23A. SIGNATURE O	23B, DATE SIGNED					
	Phys.	ding the Med. C Shaff C					
	23C. PHYSICIAN'S NAME (Type)	3D. ADDRESS					
	NATHAN E. NEEDLE  AA. BURIAL CREMATION, 1248, DATE  124C, NAME of CEMETERY of CREATION, 1248, DATE	7111 PARK HEIGHTS AVE					
	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREATE 24C. NAME of CEMETERY OF CREATERS OF C	MATORY 24D. LOCATION (City, town, or county) (Stote					

9-21-71 LORRAINE PARK CEMETERY BALTIMORE, MD. BURIAL SEP 22 1977 HOWARD H. HUBBARD 4107 WILKENS AVE. ADDRESS VS 150-REV. 1/1/68

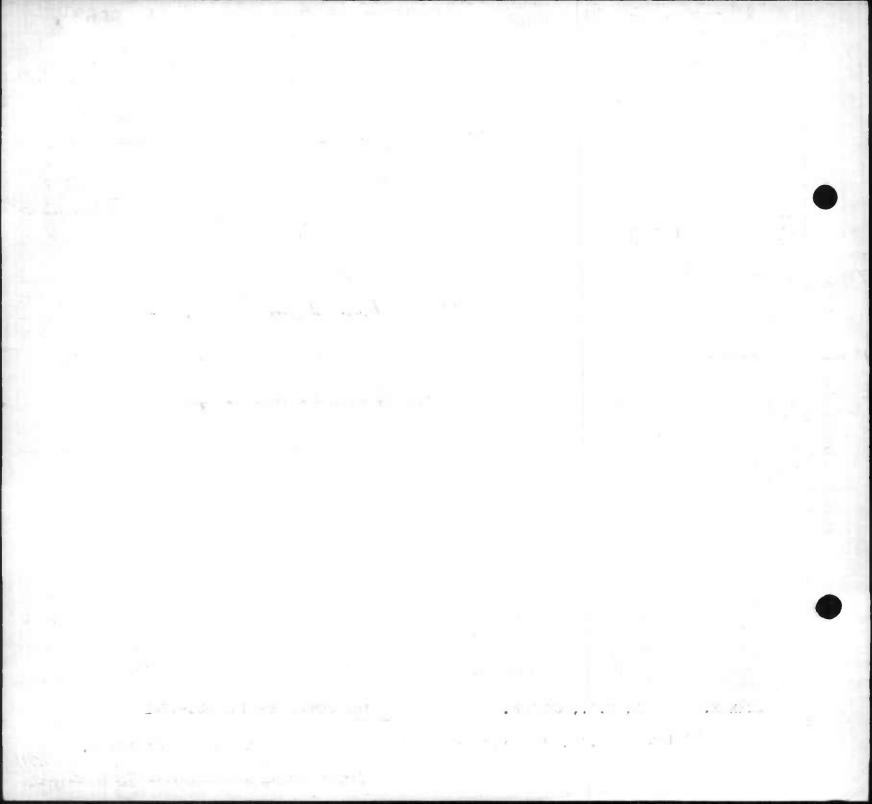
6 in o e War 100 J. 121 . . . en San - "Ton graduate and the state of the s



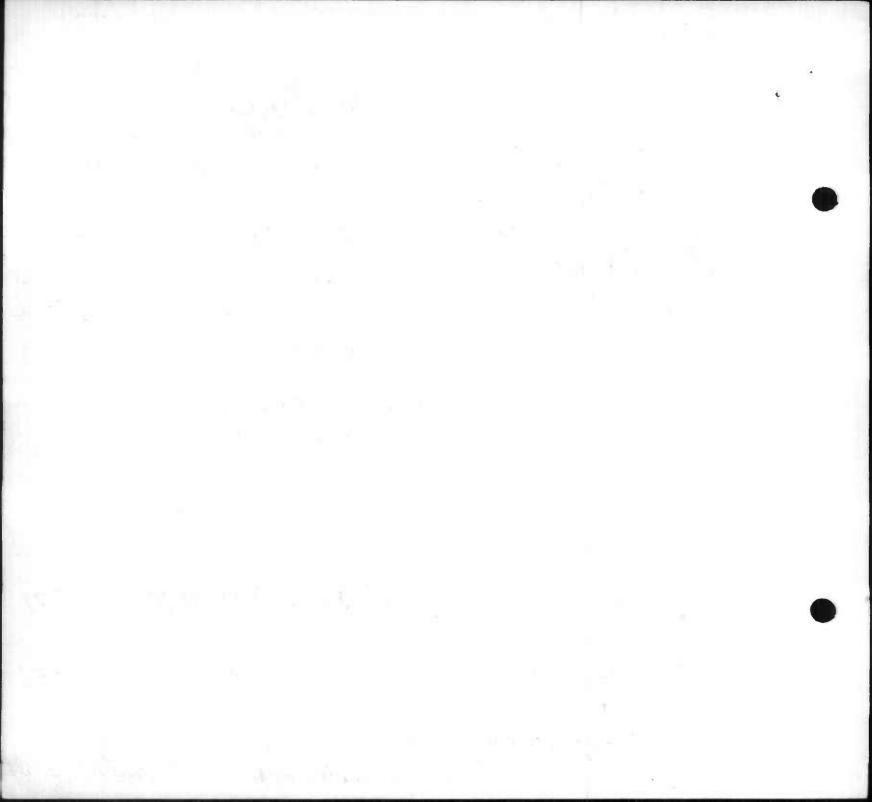
## FUNERAL DIRECTOR: IMPORTANT

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7-565 71 8862		HEALTH DEPARTMENT	X REG NO 171	8868		
BIRTH NO. Hagerstown, Md.	CERTIFICA	TE OF DEATH	kEG. NO			
1. NAME OF DECEASED	44.0	2. DATE AN	D HOUR OF DEATH	1135		
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUN	MEYMUN I	4. USUAL RESIDENCE (Who	ember T =	P.M.		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	Maryland C. CITY OR TOWN	WASH	CITY LIMITS?		
Johns Hopkins Hospital		Hancock		ES NO D		
Baltimore, Maryland		E. STREET AND NUMBER Route				
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	6. DATE OF BIRTH	9. AGE (In years III	Under 1 Yr. If Under 24 Hrs.		
Temale Caucasian WIDOWED	DIVORCED [	9/14/71	4 days	4		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even if refired)  1 NF ANT	JSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore Washington Cou	inty tospital	2. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME		Haccerstown 14 MOTHER'S MAIDEN NA		W31F		
Curt Zimmerman		CARAL S	in later			
	SOCIAL	17. INFORMANT	Mylelon	ADDRESS		
1	SECURITY NO.	P. + 13.	b	MIH max		
18. 243.01	CAUSE OF DEATH		merman Ku	APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH		
LEADING TO DEATH  1This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU			2 days		
heart failure, asthenia, etc. It means the disease.	DUE TO, OR AS A CONSEQUENCE OF:					
injury or complication which caused death.)	()	1 1 1 1		2		
ANTECEDENT CAUSES	(B) neef		mago exclused			
dise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:				
UNDERLYING CONDITION last	(c)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL PISSESSE OR CONDITION GIVEN IN PART 1 (A).	***************************************					
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 121B. PLA	CH OPERATION	20A AUTOPSY? (Yes or No	208, IF YES, WERE FINE IN CERTIFYING CAUSES	ONGS CONSIDERED		
OR CONTRIBUTING CAUSE OF home, etc.)	ACE OF INJURY (e.g., in lorm, loctory, street, off	or obout 21 C. WHERE DID		ty, give exact location)		
21D-TIME (Month) (Doyl (Year) (Hour) 21E IN.	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.) White Work	At Work					
22. I certify that (I) (this hospital) attended the		7/14	197 10 97	17		
that (I) (we) lost sow the deceased alive an	01	101	,	deoth occurred on the date		
and hour and fram the causes stated above. (1) (1)		1	- infult feet skiller	vecoried on the date		
23A. SIGNATURE	. , ,	ace, one dealing	238	L DATE SIGNED		
John Whiteene	Manager Phys.	ding Med.	Shaff Phys.	9/17/71		
23C. PHESICAN'S NAME (Type)	DEGREE	3D. ADDRESS	7 mys. —	77.71.		
XMX FREEMAN M.D. JOHN M.	OEGREE	THE JOHNS HOP				
REMOVAL (Specily)	E of CEMETERY of GRE	24D. LC	CATION (City, to	own, or county) (Stote)		
	SANT GROVE		ULTON COUNTY			
SEP 22 19 25 25 25 25 25 25 25 25 25 25 25 25 25	A.D., O	25C. FUNERAL DIRECTOR	L'ellene	Harroels Me		
VS 150-REV. 1/1/68			4			



<	S-240 71 9963  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  REG. NO. 71 9863									
	KIH NO.									
	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH									
3.	Rebecca Sige1 9-19-1971 5:30 A.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissi									
FI	ULL NAME OF OSMITAL OR INSTITUTION, GIVE STREET OSMITAL OR ADDRESS OR LOCATION)  C. CIDIOR TONIN,  D. INSIDE CITY LIMITS?									
6	Tania da la Viale de la Viale									
6	and Hospital 4108 Paule Heights are									
7	MARKIED NEVER MARKIED   NEVER									
do	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?  Clubble  A. USUAL  A. USUAL  A. USUAL  A. USUAL  A. CITIZEN OF WHAT COUNTRY?									
13	FATHER'S NAME  14. MOTHER'S MAIDEN NAME									
	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS									
(Y.	Was Deceased Ever in U. St Armed Forces?  ADDRESS  NO   16. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT   ADDRESS    NO   27. INFORMANT    NO   27. INFORMAN									
	18. 4 / 0 1 1 GAUSE OF DEATH									
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE act Muyo card, of									
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
	DISEASES OR CONDITIONS, if ony, giving tise to the obave couse (A) stoting the UNDERLYING CONDITION last.  (B) Cerebral cuters o Scleso Sci									
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
CERTIFICATION	19A-DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
MEDICAL CI	OR CONTRIBUTING CAUSE OF home, farm, foctory, street, office bldg., NJURY OCCUR?									
MED	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work									
	22. I certify that (4) (this hospital) attended the deceased from 9-27-196/196/19 6/10 9-19-									
	that (1) (we) last saw the deceased alive an									
	23A. SIGNATURE   23B. DATE SIGNED									
	Soon cline Horf DEGREE Physician's NAME (Type)  Attending Med. Staff Director Physician's Physician's NAME (Type)  23C. PHYSICIAN'S NAME (Type)									
24	Soon Chul Hong DEGREE									
25/	AS BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stole)  DUMBLY SET 1911 CALL MARKE OF REGISTRAR MSC. FUNERAL DIRECTOR ADDRESS.									
vs	CED 09 1077 P. A. B. E. Jaber M. D. Spentiller & Burn - Gold Keist - la									



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	^	1		BALTIMORE CITY	HEALTH DEPARTMENT		
BIR	4-524	1 71	8864	CERTIFICA	TE OF DEATH	REG. NO.	71 8864
	AME OF DECEA	Celia Ans	-77			ND HOUR OF DEATH	
_						9-18-71	8:15 PM
	PLACE IN BALTII	MORE MARYLAND, W			A. STATE B. COU		stitution: residence before admission)
HO IN:	SPITAL OR	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C.CITY OR TOWN Baltimore	D. INSI	DE CITY LIMITS?
	3 20	Mrcy Hos	nital	Tno	E. STREET AND NUMBER		TES CO NO .
	3/		proar	Inc.	3635 Glen	yvle Avenue	
5. \$		RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
F	emale	White	WIDOWED	DIVORCED	1-1-89	82	
			TOR KIND OF	EUSINESS OR INDUSTRY	11. BIRTHPLACE (State of for	eign country)	12. CITIZEN OF WHAT COUNTRY
don		rking life, even # retired)		II am	Russia		USA
13.	BOXXX HOT	usewife	At	Home	14. MOTHER'S MAIDEN NA	AAR	USA
	FATHER'S NAM						
		XXXXX Hurwit			Mollie Levy	<i>r</i>	
(Yes	Wes Decessed E uno of unknown) (	ver in U. S. Armed For If yes, give war or date	ces? as of service)	SECURITY NO.	Mrs. Mary Goo		ADDRESS
	No			No		anda 3635 G1	engyle Avenue 2121
	18.4/0	(1)		CAUSE OF DEATH	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DI	RECTLY				acute
		EADING TO DEATH	dulan an	(A) IMMEDIATE CAN	se Myocardial	Infarction	
	heart failure, as	mean the mode of sthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
		ication which caused					
	A	NTECEDENT CAUSES		(8) Seve	ral old myocard	lial infarcti	ions 2 weeks
		GONDITIONS, If			A CONSEQUENCE OF:		
		CONDITION last	siding the	(c) ASO	:VD		
		П					
NOL		ANT CONDITIONS CO					
AT	DISEASE OR CO	NDITION GIVEN IN PAR	T.1 (A).		1001	-1 000 15 250 11100	
CERTIFICATION	O DATE OF	OPERATION 198 CON WAS PER	PORMED	WHICH OPERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	21A. ACCIDENT OR CONTRIBUTI DEATH (notify in	WAS UNDERLYING DING DAUSE OF nedical examined	218 hon	ne, form, factory, street, at	n or about 21 G WHERE DID fice bidg, INJURY OCCUR!	(II in Baltimar	e City, give exact location)
103	21D. TIME (	Month) (Day) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
٤	(APPROX.)		Wh	ille At   Not While	• 🗆		
	22 1 constfue at	hat (f) (this hospital			9/12	19 71 to	9/18 19 71
		ast sow the decease		9/18			nion death accurred on the date
	and hour and	from the causes sta	red above. (	1) (MA) (did) (d) (d) (d)	lew the body after death.		
	23A. SIGNATUR		00	P			238 DATE SIGNED
	1 WZ	rether	K	Alte Phys	inding Med. Director	Staff Phys.	9/18/71
	NAME ITY	Dr. Lee		DEGREE	Mercy Hosp	oital	
24/	REMOVAL ISP	ATION, 248, DATE	24C. N	AME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (C)	ty, town, or county) (State)
	Burial	SEPT 19	/71	New Har Sinai		wings Mills,	
25		2 2 1971 Pa	258. NAME	OF HOISTRAN	25C. FUNERAL DIRECTO	R	O Reisterstown Road
L.	150-REV. 1/1/68		1,				

Deck recognitive to the committee (all

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

(	5-531	174.0			HEALTH DEPARTMENT	1-1	1 8865
	RTH NO.		3865	CERTIFICA	TE OF DEATH	REG. NO.	7 0000
	NAME OF DECEAS	SANDE	KOFF	SHAAH	2. DATE AT	ND HOUR OF DEATH	1 5.35 P M
3.		DRE MARYLAND, W			4. USUAL RESIDENCE (Whe	re deceosed lived. If ins	titution: residence before odmission)
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	ΑΠΟΝ)	•	C, CITY OR TOWN	+LJO-	DE CITY LIMITS?
	SINAI	402012	AC OF	BALTIMORE	BALTIMOI	1.00	YES NO .
	42				E. STREET AND NUMBER	ARN HEI	GHTS AVE 4/15
5.	- A . M	AUCAEIN	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9 23 1889	9. AGE (In years last birthday)	If Under 1 % If Under 24 Hrs. Months Doys Hours Min.
10/	USUAL OCCUPA	ION (Give kind of work			11. BIRTHPLACE (State of fore		12. CITIZEN OF WHAT COUNTRY?
do	no during most of worki HOUSEWI F	ng lire, even it refired)	AT HO!		RUSSIA	,	USA
13.	FATHER'S NAME	<u> </u>	AI HOL	VIL.	14. MOTHER'S MAIDEN NA	MF	1 00A
l	BERNARD	KAHANOWITZ			SHANIE ?	-1-	
15.	Was Deceased Ever	in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT		ADDRESS
11.6	NO	es, give wor or dote		SECURITY NO.	MDC CVIVIA CTI	DED 7015 DV	
	18.77	0	1	217-66-8342 CAUSE OF DEATH		BER, 7015 PK	HGHTS . AVE . , APT . B1
	DISEASE O	R CONDITION DI	RECTLY				BETWEEN ONSET AND GEATH
	1	DING TO DEATH		(A) IMMEDIATE CAU	E CONGEST	IVE HEART	14 DATS
	heart tailure, asth	enia, elc. Il means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	ILU R.F.	
		fion which coused	death.)				
		CONDITIONS, if	anivina	(B)	A CONSEQUENCE OF:	**************	**********
	rise fa the all	ove cause (A)	slaling the	(c)	CONSEQUENCE OF:		
_		11					
ERTIFICATION	ITO THE DEATH BU	T CONDITIONS COL T NOT RELATED TO TH THON GIVEN IN PART	IE TERMINAL	******************************			
RTIFIC	19A-DATE OF OPE		DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21A. A CCIDENT WOR CONTRIBUTING DEATH (notify medi	AS UNDERLYING CAUSE OF	21 B, Pl home, etc.)	ACE OF INJURY (e.g., in form, factory, street, affi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Bollimore	City, give exact location)
MEDI	21 D. TIME (Mo	nth) (Doy) (Year)	(Haud 21E, II	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)		Whife Work	At Work			
	22. I certify that	(I) (this hospital)	attended the		9/3	971 to 9	1/7 1071
		saw the decease		9/17	demand 1		an death accurred on the date
	and have and free	n the souses state	ed abave. (I) (	(We) (did) (did nat) vi	ow the bady after death.		an about decoursed an integral
	23A. SIGNATURE	1/11/19		110		2	3 B. DAYE SIGNED
		Jev		DEGREE Phys.	ding Med. Director	Shaff D	9/17/71
	PHYSICIAN'S NAME (Type)	HTTO 6	1 8 - 5		D. ADDRESS	-5 22-2	000000
24A	BURIAL CREMATI REMOVAL (Specif	ON 1248 DATE	LASE!	LE OF CEMETERY OF CREA	SINAL H	CATION ICIN.	town, or county) (Stote)
	BURIAL	9-19-71		CH TIKVAH		SEDALE, MARY	
25A	DATE REC'D BY H	EACTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	)	ADDRESS
	SEP 22	19/1 1680	BE. Fall	er, M.D.			REISTERSTOWN ROAD
VS	150-REV. 1/1/68						

- F. N. N. W. 3 

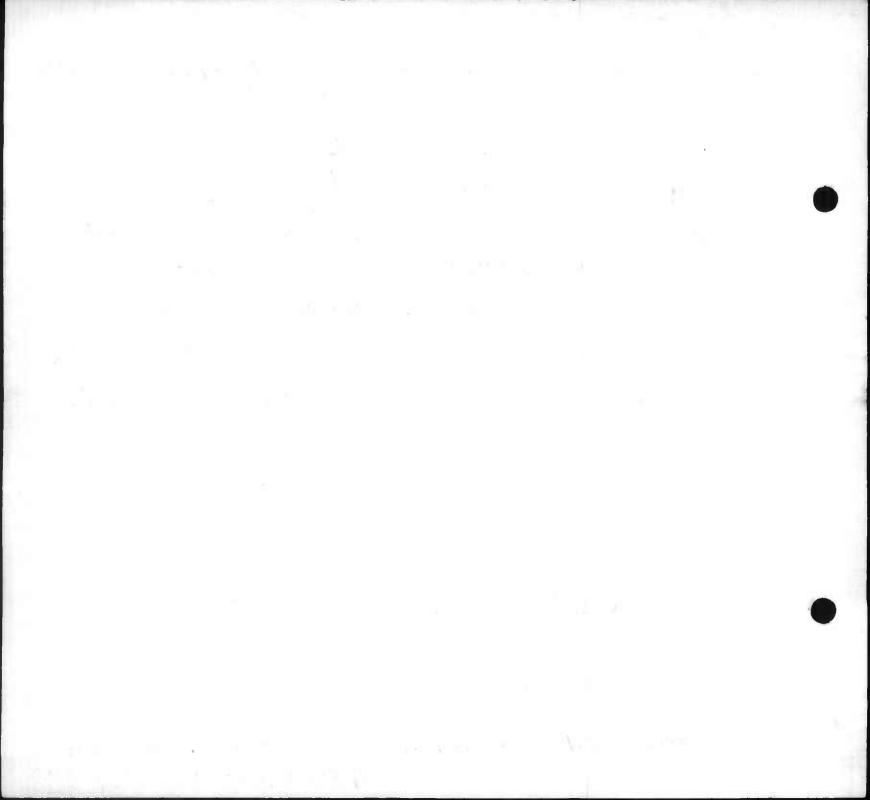
8866 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NC. 1. NAME OF DECEASED (Type or Print) 2. DATE Manth Year Hour OF A. Roberta Gray Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 9 16 71 3:38 A. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 118 E. 33rd Street Apt. D. A. STATE B. COUNTY Maryland 6. SEX 7. RACE C. CITY OR TOWN 8. MARRIED 🔲 NEVER MARRIED 🔀 D. INSIDE CITY LIMITS? WIDOWED Baltimore Female White DIVORCED YES NO L 9. DATE OF BIRTH 10. AGE (in years E. STREET AND NUMBER If Under t Yr. tl Under 24 Hrs. losi birthdoy) Manths | Days , Haurs , Min. 118 E. 33rd Street 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF 13. FATHER'S NAME WHATCOUNTRY? Balto. Md. Roberta C. Gray 14A.USUAL OCCUPATION (Give kind al work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)
Retired Cashier ELECTRICAL Annie E. Selby 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, na ar unknawn)[(Il yes, give wor or dotes of service) Fidelity Bldg Herbert Witz APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A)IMMEDIATE CAUSE Arteriosclerotic cardiovascular LEADING TO DEATH (This does not mean the made of dying, e.g., heart follure, asthenia, etc. it meons the disease, injury ar complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c)\_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in ar obaut 22C. WHERE DID (If in Solitmare City, give exact location) home, farm, lactory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. OF INJURY (Manth) (Day) (Year) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?

21. AUTOPSY? (Yes or No) NOT WHILE WHILE AT (APPROX.) AT WORK 23. I certify that I held an Inquiry Inspection X Autopsy end that an this basis, death in my apinion resulted fram: Naturel couses 🔀 Sulcide \_\_ Accident Hamicide \_\_ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER K SIGNATURE 9-16-71 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type) Charles S. Springate, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 9/18/71 Woodlawn Balto Md. Woodlawn Cemetery Burial ADDRESS 500 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR York Mitchell Wiedefeld Home Rd.

VS 151-REV. 1/1/68

TES Control C. Cray vdle2 .Jelmos . Selby

1		Saltimore City Health Department REG. No. 71 8867
and used the the	1 -	RTH NO.
S S S S S S S S S S S S S S S S S S S		NAME OF DECEASED  Upe or Print)  CHARLES R JOHNSON  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  M. JOHNSON  1. JO
of of Dece	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admissionally
hospit use of ; (5) De dance dearch	E	ULL NAME OF UE NOT IN HOSPITAL OF INSTITUTION CIVE STREET
cau use; tend	lik	D. INSIDE CITY LIMITS?
ed in ting d cau r atte prior	1	DUIVERSITY HOSPITAL BATTIMORE YES NOW
ed ar		7048 HEATHFIELD RA
trik min gol sed	3,	SEX    6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthday)   1. If Under 24 Hrs. Months; Days Hours; Min.
E O # _ O E	10,	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole at loreign country)  12. CITIZEN OF WHAT COUNTRY  13. COUNTRY
nd nd de		ARCHITECT MARYLAND USA
if dect (4) U was the	13.	GEORGE H JOHNSON SADIE MARKLEY
# # JE = #	35	
kind; kind; deat	(Ye	16. SOCIAL SECURITY NO.  17. INFORMANT SECURITY NO.  578 32 9333  SPOUSE (ELIZABETH)  SAME 1
fany fany nced endar		18. APPROXIMATE INTERVAL
_ ~ 0 ⊃ ← a		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
r or l		(This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease,
iner. actu pro ular mba		injury or complication which coused death.)
A fr who reg		ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving place to the place of the
ex ex (3) in in		rise to the above cause (A) staling the UNDERLYING CONDITION last. (C)
adical dical rrns; rsicio was mair		
me bu bu bu bh an	ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
chief a r Body the the ysici	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
al by children (2) Bo children the ophysicatore the eff	AL CE	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street office bidg., INJURY OCCUR?
メモッチスコ	U	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 23E HOW DID INJURY OCCUR
hosp natur eept w d (6)	MEDI	(APPROX.)  While At Not While Work
Seyxet		22. I certify that (this hospital) attended the deceased from
= 0		that (1) (we) last sow the deceased alive on 1/3 19 7/ and that in (my) (our) apinion death occurred on the date
death)		ond hour and from the causes stated obove. (1) (We) (did) (did nat) view the body after death.
30.22		William Strate MD Attending Med. Staff Phys. Phys. B 9/13/7
certificate m body was reli vs: (1) An acci D.O.A. at a l ased prior to		23C. PHYSICIAN'S NAME (Type) WILLIAM STUART MD DEGREE UMVERSITY HOSPITAL
Taylor -	244	A BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This certiful the body shows: (1) was D.O. deceased written a	25A	Burial 9/16/71 Lorraine Cemetery Dogwood Rd. Woodlawn Cemt
This the bashow was dece		SEP 22 1971 POST DE LEGISTRAR 25C. FUNERAL DIRECTOR 6500 YORK ROAD
	VS	150-REV, 1/1/68

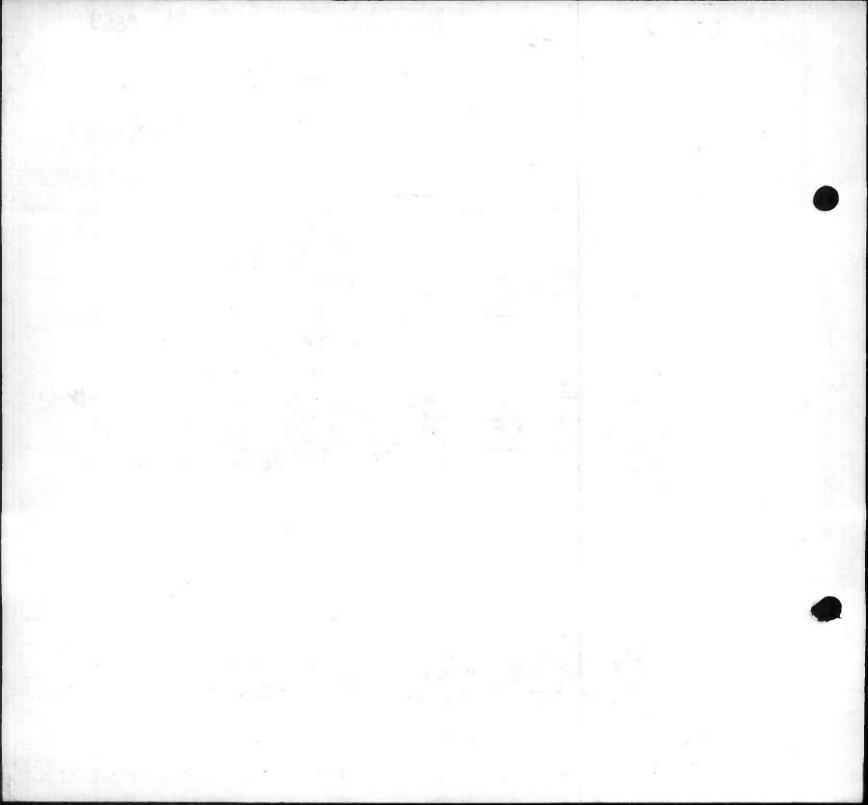


l l	BALTIMORE CITY HEALTH DEPARTMENT
sed the cch	BIRTH NO. 71 8868 CERTIFICATE OF DEATH REG. NO. 71 8868
of deat Of deat Decease on th	1. NAME OF DECEASED  (Type or Print) CALDER ISACETTA . N. 2. DATE AND HOUR OF DEATH  Q-15-71. TIME 2. PH. M.
L 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
hos ause 3; (5) adam o de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (C. CITY OR TOWN (D. INSIDE CITY LIMITS?
T T	SINAL HOSPITAL OF ISALTIMORE Baltimore YES DE NOT
d ca d ca d ca prio	Bellona & Belvedere Aves  E. STREET AND NUMBER Edgewood Nursing Home Bellona & Belvedere Aves
F 3 0 B D	If CPV
occur ontrib ermin regul sased is ma	F WIDOWED DIVORCED 12-7-1886 lost birthdoy Months Days Hours Min.
or condete	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	Retired Stenographer Fed. Land Bk. Baltimore, Md. USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  USA
irect (4) U (4) U wa the ispos	William F. Calder Addeline ?
e di ind; eath e on al di	15. Was Deceased Ever in U. S. Anned Forces? (Yes, no at unknown) (If yes, give war at dates of service)  16. SOCIAL SECURITY NO.
ssist the the de nce fina	216/-28-7641A Mrs. W. I. Norris 6900 York Rd.
any da da	18. S CAUSE OF DEATH APPROXIMATE INTERVAL
his of of of or un ten	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, CO S A) IMMEDIATE CAUSE REWAL FAILURE
A e c m	(This does not meen the mode of dying, 692 dA) IMMEDIATE CAUSE NEW ALTHOUGH OF
pro pro lar	heart failure, asthenia, etc. It means the disease injury ar camplication which caused death.]
fra	
X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
an Sin	UNDERLYING CONDITION last.
rins rins was	THE SIGNIFICANT COMPTIONS CONTRIBUTED TO THE TAIL OF T
medic burr bhysi an w	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
ody sicir	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION HIP 20A-AUTOPSY? (Yes of No. 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED TO A LUNG RIGHT HIP
Part April	U 21A ACCIDENT WAS UNDERLYING TO LONG TO THE PARTY OF THE
ital ital No P	OR CONTRIBUTING CAUSE OF LANGUAGE CHARLES OF L
00 5 5 0	Q 21D. TIME (Month) IDay IYear) IHaud 21E (NITER OCCURRED 21E HOW DID INTURY OCCURRED
e hosp natu ccept nd (6)	APPROX.) 8 30 71 p.m While Al Not While Subject fell
proved the ho ny nat except and (6	22. Legestifu shee (1) (ship here tell) essented at a land
0.00	that (1) (we) lost saw the deceased alive on
04 05 4	and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.
ust be eased ident nospit nust	23A. SIGNATURE 23B. DATE SIGNED
E = 5 = 5 = 1	Phys. Director Phys. Director Phys. C again STARG 911(17)
was r An a L at a prior	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
	24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY OF CREMATORY   24D. LOCATION (City, town, or county) (Stote)
Si (1)	REMOVAL Ispecify)
This certificate the body was reshows: (1) An a was D.O.A. at deceased prior written approv	25A. DATE REC'D SY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR ADDRESS
とれるともと	CEP 52 4077 ( S. R.C. A.D. O Mitchell-Wiedefeld Home 6500 YorkRd.
	V\$ 150-REV. 1/1/68 /V 8 0 / 1/

1518 N. Charles Adm. 12/3/20

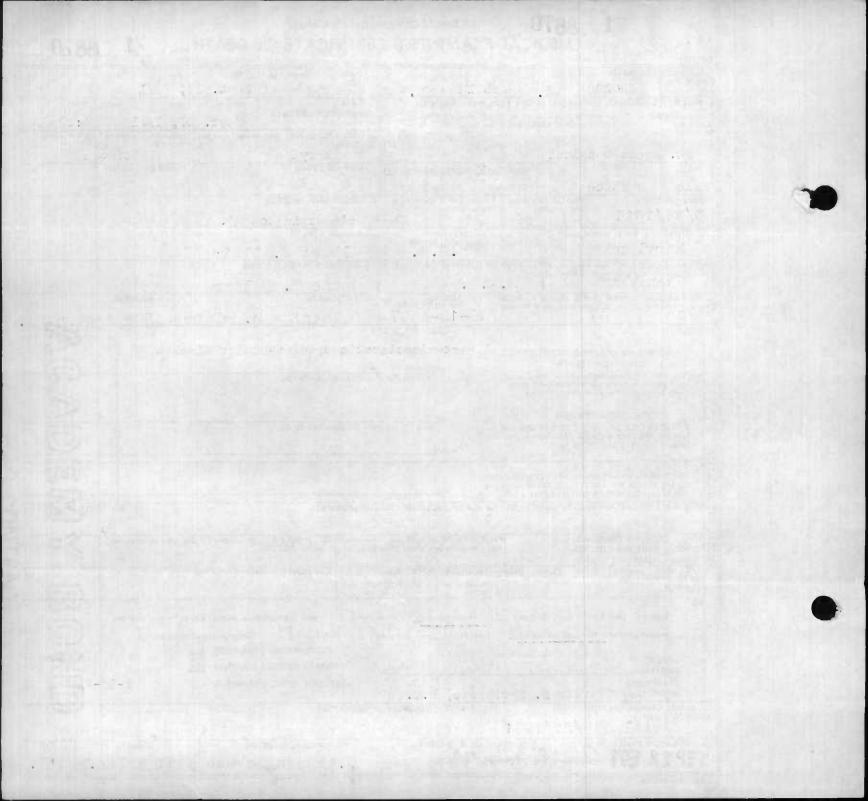
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	) ],			BALTIMORE CIT	HEALTH DEPARTMENT	100	1
	-36C	11	8869	CERTIFICA	TE OF DEATH	REG. NO.	1 8869
	O OF PRINT	EASED TO	PRAN	71.	2. DATE	AND HOUR OF DEATH	. 5.211
3. 1	LACE IN BALL	MORE MATLAND	TO CO	OUNCED BEAD	TIA USUAL RESIDENCE (W	1-19-71 here deceased lived. II in	stitution: residence before admission)
FU	LL NAME OF	~	SPITAL OR INST	ITUTION, GIVE STREET	Md B	alto	2404
IN:	TITUTION	ADORESS OF E	JCA IION/		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	-		1 1		E. STREET AND NUMBER		
S	o Bal	o Gen	920		219 E. He	-	reet
5. \$	Pemale	6. RACE	7- MARRIE	D NEVER MARRIED D	6-27-18	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
		PATION (Give kind of vorking life, even if refin		OF BUSINESS OR INDUSTRI	11. BIRTHPLACE (State or fo	reign countryl	12. CITIZEN OF WHAT COUNTRY?
	House	1:	1	one	md.		u sA
13.	FATHER'S NAA	AE			14 MOTHER'S MAIDEN N	AME	\
2075	Adan		e		Amelia	GEISLER	
15. (Yes	Nes Deceased no of unknown)	Ever in U. S. Armed lif yes, give war or	Forces? dates of service	SECURITY NO.	17. INFORMANT		AODRESS
	No	- 6		•	Family-	Same as	#4
	18.	0.11		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION LEADING TO DEA				LIC ACID	2120
	(This does no	ot mean the mode asthenia, etc. If me	of dying a	(A) MMEDIATE CA	A CONSEQUENCE OF ( )	h / / 0 0 1 /	
	injury or com	plication which cau	sed death.)	•,	A CONSEQUENCE OF: PUL	-MONAKY DE	DEMH.
		INTECEDENT CAU	SES	HVP	FRTENSI	ON.	15 years.
	DISEASES OR CONDITIONS, If any, giving the bove cause (A) stating the				A CONSEQUENCE OF:		12 12
	UNDERLYING CONDITION lost				DIABETES	MELLIT	US 13 years
ATION	TO THE DEAT	CANT CONDITIONS H BUT NOT RELATED TO CONDITION GIVEN IN	O THE TERMINA	CONG	ESTIVE H	HEART FAIL	URE 1 year.
CERTIFICATION	19A. OATE OF	OFFRATION 119% C		WHICH OFERATION	20A-AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
MEDICAL CE	21A. ACCIOEN OR CONTRIBU DEATH Inotify	TWAS UNDERLYING CAUSE OF	0 1 2 h	IBPLACE OF INJURY (e.g., ome, form, foctory, street, ( lc.)	in or about 21 C. WHERE OIO ffice bidg, INJURY OCCUR?	(if In Boltimor	e City, give exact location)
EDI	21D. TIME OF INJURY	(Month) (Doy) (Ye		E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
2	(APPROX)		1	Vhile At Whi	10	21 0.1	18
	22. I certify	that (i) (this hosp	ital) ottended	the deceased from	all I	19 / ta 84	19//
	that (I) (we)	last saw the dece	ased alive or	Sep 19,	19ond	that in (my) (our) api	nion death accurred on the date
	and hour and	from the causes	stated above.	(i) (We) (did) (did not)	view the body ofter deat	16	
	23A. SIGNATU	Harp	Taingl	M DEGREE Phy	ending Med. Director	Staff Phys.	23R, OATE SIGNED 9-19-7/
	23C. PHYSICIA NAME (T	"HARI	17	SINGHA	23D. ADDRESS 300/	S. HANOVE	ER ST. BALTIMOR
24/	BURIAL CRE	MATION, 248, DATE	24C.		EMATORY 24D.	LOCATION (C	ty, town, or county) (Stote)
	BUKIA	1 9-2	23-711 C	Jen la	ven Cem.	Glen B	urnie HII Nd
25/	SEPE	AN CE	Ste HAM	OF REGISTRAR	25C. FUNERAL DIRECT	By30 €, Fox	+ Ave. Batto 21230
VS	150-REV. 1/1/0	58	41.00				



VS 151-REV. 1/1/68

71 8870 BALTIMORE CITY HEALTH DEPARTMENT	
MEDICAL EXAMINER'S CERTIFICATE OF DEA	TH REG. NO. 71 8870
1. NAME OF DECEASED   2. DATE Known A Month	Day Year Hour
(Type or Print) GEORGE J BLAIR Sr. OF DEATH Estimoled Sept.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month	Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD	6:10 P M.
	lived. If Institution: residence before admission)
A. STATE	B. COUNTY
St. Agnes Hospital Maryland  6. SEX 7. RACE B. MARPHED TO NEVER MARPHED TO C. CITY OR TOWN	Baltimore JD. INSIDE CITY LIMITS?
MAKKIED DI NEVEK MAKRIED DI	D. INSIDE CIT EIMITS!
Male White WIDOWED DIVORCED ALTO	YES NO NO
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min.	
3/11/1915 56 616 Orpington Rd.	
11. BIRTHPLACE (Stole or loreign country)  12. CITIZEN OF  13. FATHER'S NAME	
Maryland WHAT COUNTRY? Albert J. Blair	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
Chauffeur M.T.A. Annie F. Falter	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL 18. INFORMANT	ADDRESS
(Yes, near unknown) (Il yes, give wor or doles of service) SECURITY NO. 216-10-3407 Catherine M. BI	cin (160 :
119. CAUSE OF DEATH	air 6160rpington Rd.
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular	disease BETWEEN ONSET AND DEATH
LEADING TO DEATH  (A)IMMEDIATE CAUSE	
(This does not meon the mode of dying, e.g., heart foilure, osthento, etc. it meons the disease,	
Injury or complication which coused death.)	
ANTECEDENT CAUSES (6)	
DISEASES OR CONDITIONS, IF ANY, GIVING  B)  DUE TO, OR AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21 AUTORGUM (Venera Ne.)
O PERFORMED	21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (II In Boltin home, form, loctory, street, office bldg., etc.) INJURY OCCUR?	nore City, give exact location)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OC	CUR?
(APPROX.)  m. WHILE AT NOT WHILE AT WORK	
23.	W-1
i certify that i held on inquiry inspection X Autopsy and that on this basis	s, deoth in my opinion
resulted from: Natural couses X Accident Sulcide Homicide Undeterr	nined monner
CHIEF MEDICAL EXAMINE	
ACTUAL ASSISTANT MEDICAL EVAMINE	DATE SIGNED
SIGNATURE M.D.	
EXAMINER'S NAME (Type) Charles S. Springate, M.D.  ASSOCIATE MEDICAL EXAMINER	9-18-71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATIO	N (City, lown, or county) (State)
REMOVAL (Specify)	
	timore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS PIKE
SEP 28 3/1 Uases Chya	b 5151 Balto.Nat'l.



Evergreen Memorial

258 NAME OF REGISTRAR

9-29-71

Burial

VS 151-REV. 7/1/68

25A. DATE REC'D BY HEALTH DERT.

Wilson

25C. FUNERAL DIRECTOR

Robert

North Carolina

Pumphrey Funeral Homes, PA

Bethes CAPPORESS

MERCHANIST WENT !-North Carolina 1 2.1.A. In the I waterant, and testemant to the Tolly A PROPERTY OF THE PROPERTY OF

J 525 71 8872 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71	8872
1. NAME OF DECEASED	
Elmore Vohnson 9/1/1	PACA M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institute and	tion: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION)  [D. INSIDE	CITY LIMITS?
UNIVERSITY HOSPITAL JESSUP VI	S NO X
BE. STREET AND NUMBER  M. YOUS ROA GARE	2c7/0N
WIDOWED DIVORCED       2   23	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
TOA USUAL OCCUPATION (Give kind of work LOR KIND OF PURINEES OF INDUSTRY OF PURINEES OF INDUSTRY OF PURINEES OF INDUSTRY OF PURINEES OF INDUSTRY OF IN	2. CITIZEN OF WHAT COUNTRY?
- Pennsylvania	U.S.A.
13. FATHER'S NAME	
MOSES JOHNSON KOSETTA DAY	115
15. Wos Deceosed Ever In U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   SECURITY NO.	ADDRESS
Mes Mary Ann J	ahes on Diraghito
18. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
This does not mean the mode of dying, e.g. (A)IMMEDIATE CAUSE S C B HITTELF CONTY	1442 2948
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	1
ANTECEDENT CAUSES HIS PERTIS MOUN	YEARS
DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:	
rise to the obove cause (A) stoling the UNDERLYING CONDITION (asl. (C)	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A)	YEARS
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION (Yes of No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 25C. WHERE DID (If in Boltimore Cit	y, give exact facation)
OR CONTRIBUTING CAUSE OF home, form, fociory, street, office bidg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Not While At Work	
22.   certify that (i) (this haspital) betanded the decreed (f	9/11
that (1) (we) lest saw the deceased alive an [1] 19 and that in(my) (aur) apintan	death accured on the date
and haur and from the causes stated above. (1) (We) (did) did not view the body after death.	occorred on the date
23A. SIGNATURE	DATE SIGNED
Attending Med. Staff Director Phys.	9/11/7/
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS   NULLE OSTV HOSE IN	AL
DEGREY SAMUELS IVID DEGREE BALTIMORE MO	
	yen, or county) (Stote)
DURIAI 9-17.71 Md. National Mem. PR. Laurel, F.	Geo. Md.
SED 2 1971 SES NAME OF REGISTRAR 25C, WHERALL DIRECTOR	ROCK ville, Ad.
VS 150-REV. 1/1/68	KOCK ville, 191d

the words of the first

## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

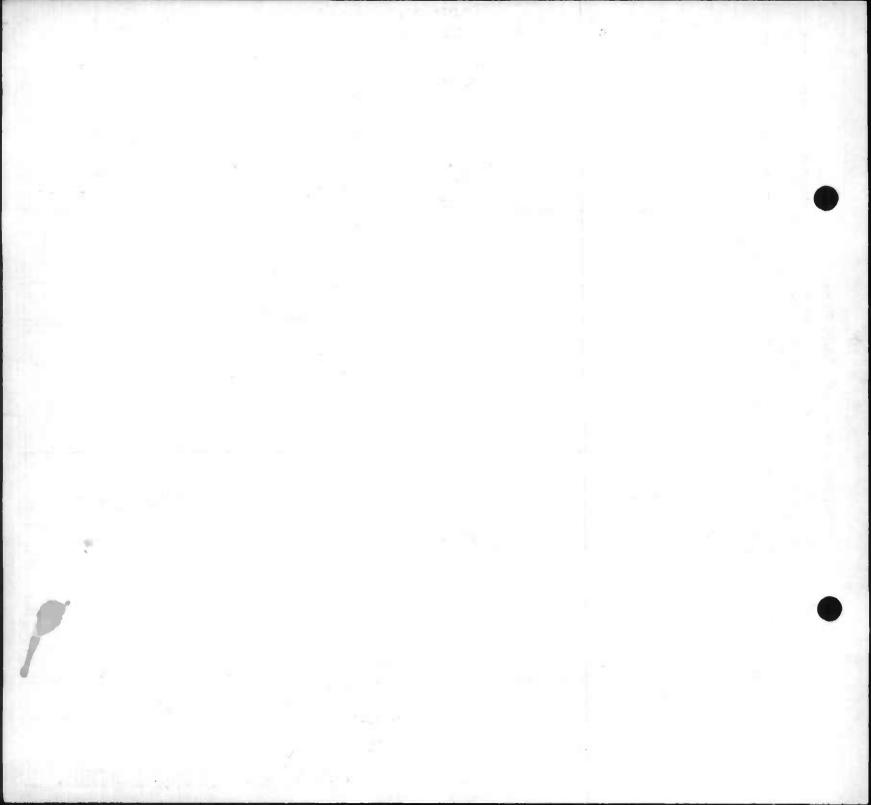
D	BALTIMORE CITY	HEALTH DEPARTMENT	/ ,	Part of the Control o
# 152 71-15952 8873		TE OF DEATH		/1 8873
(Type or Print) Baby Boy Robinson			AND HOUR OF DEATH	12:30 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	A. USUAL RESIDENCE (W.	here deceased lived, If	institution residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	Maryland c. City OR TOWN		ISIDE CITY LIMITS?
INSTITUTION		Baltimore	D. 114	YES X NO
Mercy Hospital,	Inc.	E. STREET AND NUMBER		153 140 []
<u> </u>		125 N. Co		
5. SEX 6. RAGE 7. MARRIED WIDOWED	DIVORCED [	9/18/71	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY		areign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland		U.S.A.
Infant		14. MOTHER'S MAIDEN N	AME	
Unknown			Noreen	Robinson
15. Was Decersed Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
trespine or entitioning in yes, give will be sured or services	SECORIII NO.	Hospital R	ecords	
18. 17 17 17 V	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY			4	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	RE Prem	a twity	1
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		A CONSEQUENCE OF:		
injury or complication which caused death.)			·	1
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if eny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	· <del></del>	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	×			
	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OF CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	120A-AHTOPSY2 (Ves. of	Noll 20R IF YES WER	S FINDINGS CONSIDERED
WAS PERFORMED		NO	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
U 121A ACCIDENT WAS UNDERLYING 1218	PLACE OF INJURY (e.g., form, foctory, street, o	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR!	(II In Boltim	nore City, give exect location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
X (A DROCK! While	e At Not Whi	• 🗆		
1701		9/18/21	19 to	0/10 1971
22. 1 certify that (1) (this hospital) attended th	e deceased from	//-//		7/1/
that (I) (we) last saw the deceased alive on		197/and	that in (my) (our) of	platon death occurred on the date
and hour and from the causes stated above. (1)	(We) (did) (did not)	view the body after deat	h.	
23A. SIGNATURE	100			23 B. DATE SIGNED
Lontgurum	DEGREE Phy	anding Med. Director	Staff Phys.	9/20/7/
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS		
NAME (1996)	131 AH C 1	INTOMY D	ALDD OF N	EARVIAND
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY of CR	AND THE PARTY IN	LOCATION	City, town, or county! (Stotel
REMOVAL (Specify)		LOUIS HONE	INC MEDIC	TAL SCHAMI
7-21-11		JUHNS HUPK	TIND WENT	TAT DEHAAF
SEP 22 1971 OLGAN E. NAME O	LAS CO	25C. FUNERAL DIRECT	DE CIPRET	ADDRESS  OT DOTTO
V\$ 150-REV. 1/1/68		- MUKIUA	#X SEKY	LE BUIL

730 Hellington one coeled Hosytal.

## FUNERAL DIRECTOR: IMPORTANT

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any natures: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	3-415	71.	88	74	BALTIMORE CITY CERTIFICA			× REG	. NO/1	88'74	if
1.1	TH NO.		y Girl				2, DATE	AND HOUR OF	F DEATH	1 12:	30 AM
3.	PLACE IN BALT	IMORE MARYLA				4. USUA	L RESIDENCE (W	here deceased	lived. If institut		M.
FU HC	LL NAME OF		HOSPITAL	OR INSTITU	TION, GIVE STREET	Mai	yland co	A	A	5 3	200
INSTITUTION							en Burnie		D. INSIDE C		
	29						T AND NUMBER		YES	s No	
	01	Mercy	Hospi	ital,	Inc.	40	Marley	Ave.			
5, 5		6. RACE	7.	MARRIED [	NEVER MARRIED	8. DATE	F BIRTH	9. AGE (In		Under 1 Yr., If	Under 24 Hrs.
104	Female	White	W	VIDOWED	DIVORCED BUSINESS OR INDUSTRY		18/71	lost birthday		onths Doys Ho	35
don	e during most of w	rorking life, even if	refired)	E WIND OF	POSINESS OF INDUSTRE		yland	reign country!	112.	CITIZEN OF WH	
	Infa									US	A.
13.	FATHER'S NAM	1E				14. MOT	TER'S MAIDEN N	AME			
	Alto	n Sulliva	n				Catherin	ne Sekul	116		
15.	Wes Deceased	Ever in U. S. Am	ned Forces?	and and	1 6. SOCIAL	17. INFOR	MANT	ie pekul	us	ADDRESS	
1101	, no or unknown	ui yes, give war	or dates or	service/	SECURITY NO.	Но	spital R	cords			
	18. 770	.71			CAUSE OF DEAT	4					ATE INTERVAL
		E OF CONDITION		TLY		_					
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE Prematu							7	-		7
	heart failure, asthenia, etc. It means the disease,										
		njury or camplication which caused death.)									
	ANTECEDENT CAUSES  Placental Dysfunction  DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:										
		R CONDITIONS			DUE TO, OR AS	A CONSE	QUENCE OF:				
	risa to the above cause (A) stating the UNDERLYING CONDITION last, (C)										
ATION	TO THE DEATH	CANT CONDITION BUT NOT RELATE OND THOM GIVEN	IN TO THE T	EDIAINIAI	****************			Transis d'Antoire que passe y que .	-		
CERTIFICATION	19A-DATE OF	OPERATION 19	AS PERFORM	ON FOR W	HICH OPERATION	20 A. A	NO NO		S, WERE FINDS	NGS CONSIDER	ED
C	21A. ACCIDEN	T WAS UNDERLY	YING	21 B, (	PLACE OF INJURY (e.g., in	or obout	1C, WHERE DID	, give exact locati	tion)		
CA	DEATH (notify	medicol exomined	)	elc.)	, form, foctory, street, of	ice bldg.,	NJURY OCCUR?			- 5	
AED	OF INJURY	(Month) (Doy)	lYeorl 1H		INJURY OCCURRED		IF. HOW DID I	NJURY OCCUP	?		
<	IAPPROX.			While	Not White						
	22. f certify t	that (1) (this ha	spital) at	tended the	e deceased from	9/	10	19 7/_to		0/10	10 -7
		last saw the de			9/1	G 16	, ond	*		death occurred	
					(W.) (IV) (IV)		/ /	•	out obtation	death occurred	on the dote
	23A. SIGNATUR		es stated (	above, (1)	(We) (dtd) (dtd not) v	iew the b	ody atter death		loon	2445	- 6
		0-			Atte	nding 🖂	Med.	25-14-12	23 %	DATE SIGNED	,
	23C. PHYSICIAN	eonly	mm	m	DEGREE Phys	.	Director L	Stoff Phys.		9/20/	71
	NAME ITY	pel				3D. ADDR	F22	2 1 0		TTE A BIES	
					DEGREE	ANAT	OMV RE	ARD O	FMAR	YLAND	
24A	REMOVAL (S	AATION, 248, DA	ATE ク/- ツ/	24C. NA	ME of CEMETERY of CR	TO UNI	S HUDK	INS MI	DICAL	"ŠČĦÖO	(Stote)
25A	. DATE REC'D	BY HEALTH DEPT	258	NAMA OI	REGISTRAR	1 AZZEL	THERAL DIRECTO	DR ATAK	40.0	ADDRES	S
Ve	SEP 22	1971 Pa	Bert E.	Varbei	MP. 0 0	0 4	WORTO	RY SE	RVICE	BCH	
	1/1/0	54									



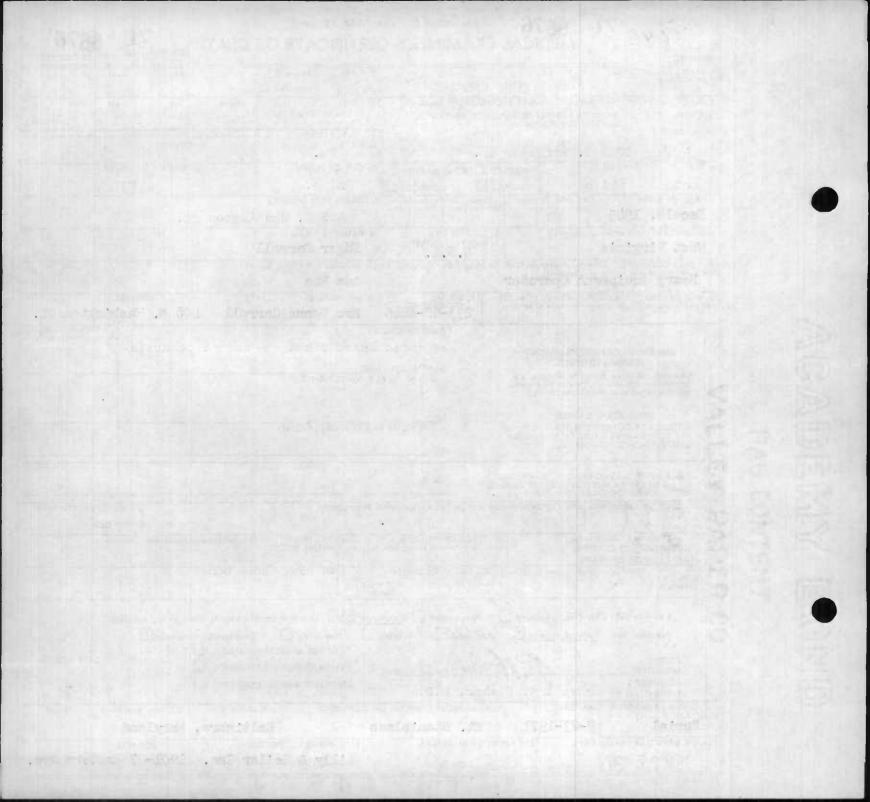
IMPORTANT

DIRECTOR:

FUNERAL

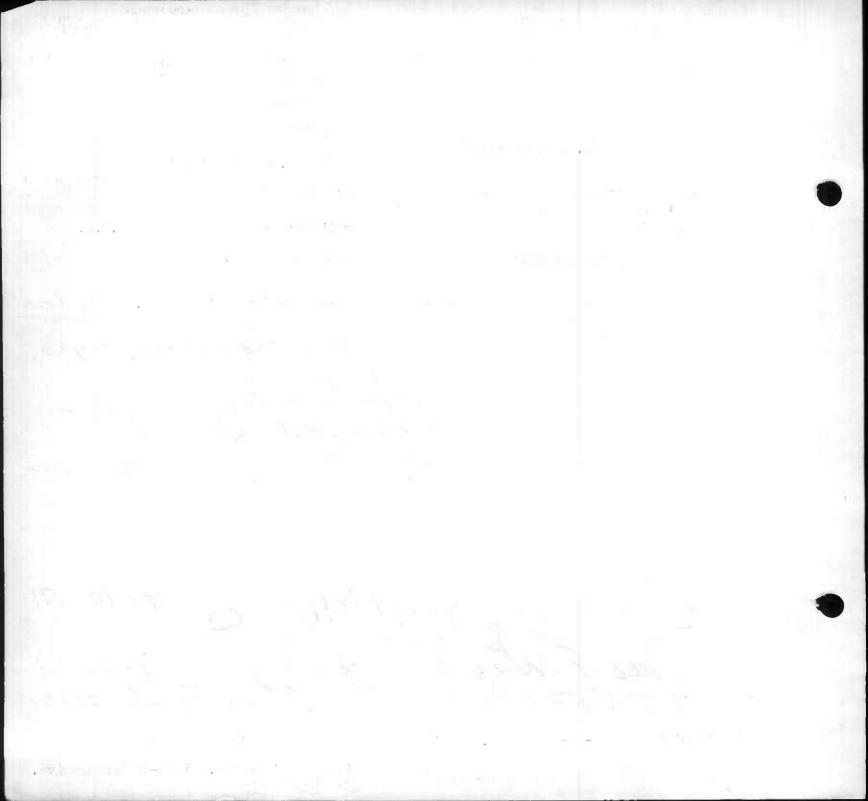
should to Show of S

BIRTH NC.		MEL	ICAL	EX	AMINER'S	CERTIF	ICATE	OF	DEAT	H REG. NO.	1 5	8816
I. NAME OF DE	CEASED	EDDIE	ROGEI	R CA	ARROLL	2. DATE OF	Known	led [	Month	Doy	Year	Hour
4. PLACE IN BA	LTIMORE, MA					3. DATE	Lanino	160	Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION						PRON	DUNCED D		9	19	1971	5:20 p
00	1028	S. Str	eeper	St.		IA. STATE	Md.	(Where	deceosed li	B. COUNTY	n: residence b	pefore odmission)
6. SEX	7. RACE		8. MARRI	ED K	NEVER MARRIED	C. CITY C	RTOWN			D. INSIDE CI	TY LIMITS?	
male	whit	е	WIDOW		DIVORCED	Ba	lto.			V	ES 🖺	по 🗆
9. DATE OF BIRT		10. AGE (In		If Und	er I Yr. II Under 24 Hrs.	E. STREET	AND NUM	ABER			-3 —	NOL
Dec 18,	1943	lost birthdo	"	MOIIII	Doys Hours Min.	4	08 S. I	Wash:	ington	St.		
11. BIRTHPLACE		on country)	1		IZEN OF		R'S NAME					
West Vi				WI	AT COUNTRY?		ar Car					
14A.USUAL OCCU	JPATION (Giv	e kind ol work	14B. KIND	OF BL	ISINESS OR INDUSTRY	15. MOTH	ER'S MAIDE	EN NA	AE			
done during most of	Equipme	nt Ope	rator			Ada	Mae					
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 1	7. SOCIAL	18. INFOR	MANT			Al	DDRESS	
(162' 110 OL OUKUOMI	i)(ii yes, give v	vor or doles	ol service)		233-68-4246	Mrs	Donna	Car	roll	408 S.	Washin	ngton St.
19. 39	5.01				CAUSE OF DEA	TH					API	PROXIMATE INTERVAL
DISEAS	E OR COND	TION DIPE	TIV		Rheumatic	heart	diesas	se -	aortic	stenos	is serw	EEN ONSET AND DEAT
	LEADING TO	DEATH										
neort loilure	not meon the e, osthenio, etc mplication whi	. It meons the	disease.		DUE TO, OR A	AS A CONSEQUENCE OF:						
			,									
	NTECEDENT				(B)							
RISE TO TH	OR CONDITION	USE (A) STAT	GIVING		(B) DUE TO, OR	AS A CONSI	QUENCE O	F:				
I UNDEXITI	NG CONDITI	ON LAST.			(c)							
5		11										
U TO THE DE	VIFICANT CON	RELATED TO	THE TERMIN	NG NAL								
20A. DATE OF	CONDITION	GIVEN IN PA	RT 1 (A).	00.14	HICH OPERATION WA							
E DAIL O	OLEKAHOL	200. CON	IDITION F	OK W	HICH OPERATION WA	AS PERFORMED 21. A					21. AUTOF	SY? (Yes or No)
₹ 22A. EXTER	NAL CAUSE	WAS	lo	00.01							yes	
UNDERLYING UTING CA	OR CON'	TRIB-	h	ome, fo	ACE OF INJURY (e.g., orm, loctory, street, office	bldg., etc.)	22C. WHER	E DID (I	f in Boliimor	e City, give exo	ct location)	
≥ 22D. TIME OF INJURY	(Monih) (D	oy) (Yeor)	(Hour)	22E.	INJURY OCCURRED		22F. HOW I	INI DIC	URY OCCL	JR?		-
(APPROX.)			n	n. WHI	RK NOT	ORK						
	Ify that I he	eld on In	quiry [	1	nspection Aut	opsy 🗵	and the	t on th	le baele	death in my		
resul	ted from: N				ident Sulcide		_	_			_	
	<u> </u>	410101 0002	03 []	700	Ident 🗀 Sticia		omicide L			ed monner	7	
ACTUAL			MAN	6	0. /		CHIEF MED				t	DATE SIGNED
SIGNATI		- ()	14	1	M.D.		STANT MED	.,				
NAME (T	ype) Ri		S. Fi		r, M.D.		OCIATE MED	OICAL EX	AMINER		9-	20-81
24A. BURIAL CRE/ REMOVAL (Special	(v)	4B. DATE	77	1	NAME of CEMETERY		ORY		OCATION		or county)	(State)
Burial		9-23-19			t. Stanislau	S		Bal	timore	, Maryl	and	
2SA. DATE REC'D	BY HEALTH C	0	-	-	FREGISTRAR		FUNERAL D				DRESS	
SEP 2	2 13/1	Robert	E Ja	Be	A.D.	Lil	ly & 2	eile	r Inc.	1901-	07 Eas	tern Ave.
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in a hospital and agreement of death cause; (5) Deceased attendonce on the or to death. Such	B 1. (1
if deoth occurred rect or contribution (4) Undetermined was in regular the deceased pr sposition is made.	5. F
ssistant the dir / kind; ( death ince on final dir	1:0
This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendonce on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be ap the body was released to shows: (1) An accident of a was D.O.A. at a hospital ( deceased prior to death); written approval must be	2
the bod shows: was D.C decease	2

	AME OF DEC e or Print)		ARTHA TE	ROJANOWSKI	2. Date and hour of Deat September 21, 1	
FUL HOS	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	NCEO DEAO		institution: residence before odmissian)  201  NSIDE CITY LIMITS?
	00	239 <b>S.</b> Ca	stle Stre	eet	Baltimore  E. STREET AND NUMBER  239 S. Castle Stree	YES NO
s. se	male	6. RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH April 5, 1896  9. AGE (In years last birthday) 75	If Under 1 Yr. If Under 24 Hrs Months Days Haurs Min.
IOA, dane	USUAL OCC during most of Housew	UPATION (Give kind of wo working life, even if retired)	rk 108, KIND OF	BUSINESS OR INDUSTRY	Baltimore, Maryland	U.S.A.
13. F	ATHER'S NA	John Kant	orski		14. Mother's Maiden Name Mary Levandowski	
IS. W	Vos Deceased , na or unknown	Ever in U. S. Armed For (If yes, give wor or do	orces? tes of service)	16. SOCIAL SECURITY NO. 216-30-9972	17. INFORMANT  Bernard Trojanowski. 2	ADDRESS 239 S. Castle Street
	heort foilure, injury or cor	LEADING TO DEATH not meen the mode of osthenio, etc. If meen onplication which couse  ANTECEDENT CAUSE OR CONDITIONS, if	of dying, e.g., s the disease, d deoth.)	(A) IMMEDIATE CAL DUE TO, OR AS (B)	A CONSEQUENCE OF:  A CONSEQUENCE OF:	(0+
ATION	DISFASES (rise to the UNDERLYIN  OTHER SIGNII TO THE DEA' DISEASE OR C	nol mean the mode of osthenia, etc. It mean inplication which couse ANTECEDENT CAUSE OR CONDITIONS, if e obove couse (A: G CONDITION lost.  FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PACE ON THE CONDITION OF THE CONDITION	of dying, e.g., she disease, dideoth.)  Sony, giving only, giving the state of the	(B) DUE TO, OR AS  (C) CR	ACONSEQUENCE OF:  A CONSEQUENCE	Ru An- 10+
AL CERTIFICATION	DISFASES (rise to the UNDERLYIN  OTHER SIGNII TO THE DEA DISEASE OR (1974). DATE OIL  21A. ACCIDE OR CONTRIB	nol mean the mode of osthenia, etc. It mean inplication which couse ANTECEDENT CAUSE OR CONDITIONS, if e obove couse (A: G CONDITION lost.  FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PACE ON THE CONDITION OF THE CONDITION	of dying, e.g., is the disease, dideoth.)  Sony, giving only, giving the state of the disease, dideoth.)  ONTRIBUTING THE TERMINAL RATI (A).  NOTION FOR WARFORMED	(B) DUE TO, OR AS  (C) HICH OPERATION  PLACE OF INJURY (e.g.,	A CONSEQUENCE OF:  A CONSEQUENCE OF:  CU AS CU  DOPLYOUGH THE  20A. AUJOPSY? (Yes or No) 20B, IF YES, WER IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISFASES (rise to the UNDERLYIN  OTHER SIGNII TO THE DEA DISEASE OR (1974). DATE OIL  21A. ACCIDE OR CONTRIB	nol meen the mode of osthenio, etc. It meen nplicotion which couse ANTECEDENT CAUSE OR CONDITIONS, if e obove couse (A: G CONDITION lost.  FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PACE OPERATION 178. CONDITION GIVEN IN PACE OPERATION 178. CONDITION GIVEN IN PACE OPERATION 178. CONDITION GIVEN IN PACE OPERATION 178. CONDITION GIVEN IN PACE OPERATION 178. CONDITION GIVEN IN PACE OPERATION 178. CONDITION	of dying, e.g., is the disease, dideoth.)  Sony, giving only, giving the state of the disease, dideoth.)  ONTRIBUTING THE TERMINAL NOTION FOR WARFORMED  21B. ham. etc.)	(B) DUE TO, OR AS  (C) PLACE OF INJURY (e.g., farm, factory, street, or injury occurred to the place of the p	A CONSEQUENCE OF:  A CONSEQUENCE	CAUSES OF DEATH?
MEDICAL CERTIFICATION	DISFASES (rise to the UNDERLYIN  OTHER SIGNII TO THE DEADISEASE OR (1974). DATE OF THE DEATH (notify 21 D. THE OF INJURY (APPROX.)	The mode of the mode of osthenio, etc. II mean inplication which couse ANTECEDENT CAUSE OR CONDITIONS, if e obove couse (A: G CONDITION lost.  FICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTICULATED TO CONDITION GIVEN IN PARTICULATION (MAS PE MAS UNDERLYING TABLE) TO MAS UNDERLYING TO CAUSE OF medical examiner)  (Manth) (Day) (Year that (1) this haspital last saw the decease of from the causes store that the cause store that the causes store that the cause store th	on dying, e.g., is the disease, debth.)  sony, giving only, giving the learning the	PLACE OF INJURY (e.g., of farm, factory, street, of the deceased from the deceased f	A CONSEQUENCE OF:  A CONSEQUENCE	plinian death accurred an the death accurred and the death accurred



Morton & Dyett F. H. 1701 Laurens St.

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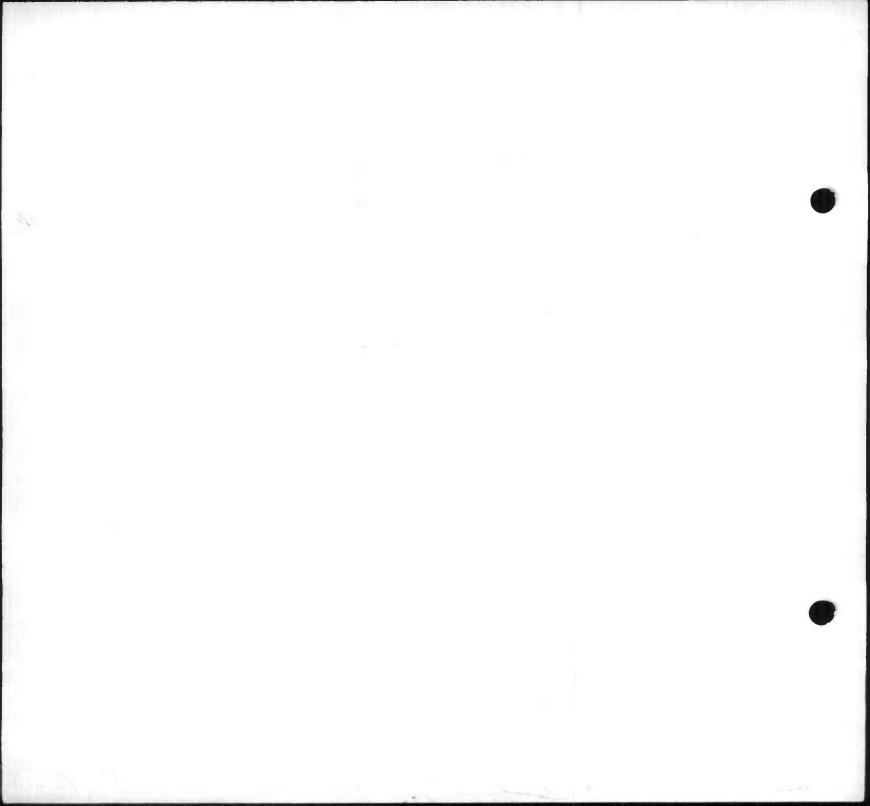
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### was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

BII	71 8879	8879				
1,1	NAME OF DECEASED POOR PANIC MA	JEWSKI		D, HOUR OF DEATH	1002	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE (When	e deceased lived. If institution	om residence beloro admission	
III H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	a, STATE B. COUN  C. CITY OR TOWN	D. INSIDE CI	103 TY LIMITS?	
1	-8 MD. CENL 1208P.	;	E. STREET AND NUMBER	YES ST 71	NO NO	
5.	SEX 6. RACE 7. MARRIED	NEVER MARRIED		AGE (In the last)	Inder 1 Yr., If Under 24 Hisa	
	WIDOWED	DIVORCED	5/30/20	lost birthdoy) 51 Mon	oths Doys Hours Min.	
t0/	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BL	ISINESS OR INDUSTRY	11. BIRTHPLACE (Sloto at forei	gn countryl 12.	CITIZEN OF WHAT COUNTRY?	
1	CROLL SHEARS OF ME	TAI	MD.			
113.	FATHER'S NAME CHESTER MAJE		14. MOTHER'S MAIDEN NAM	1		
15.			UNTNO	WN		
(Ye	s, no or unknown) (If yos, give wer or dotes of service)	SECURITY NO.		c 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDRESS	
K	25 WWIL		MR. ROBT, MAJ			
	DISEASE OR CONDITION DIRECTLY	A DARA	199 (LENONC	1 fearta	BETWEEN ONSET AND DEATH	
	LEADING TO DEATH	(A) IMMEDIATE CAUS	is CUCVW//C	2452		
	(This does nat meon the made of dying, e.g., heart loiture, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:	<del></del>		
	ANTECEDENT CAUSES	(a)				
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:  Inse to the abave cause (A) stating the UNDERLYING CONDITION last.					
	II	(c)		***************************************		
ATION	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).					
ET.	19A. DATE OF OPERATION 198. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDIN IN CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?	
CAL	21A. ACCIDENT WAS UNDERLYING 21B, PL/ OR CONTRIBUTING CAUSE OF DEATH (notify modical examined)  21B, PL/ homo, f	ACE OF INJURY (o.g., In our officer, of	or obout 21 C. WHERE DID co bldg., INJURY OCCUR?	(il In Bollimore City,	give exect location)	
MEDI	OF INJURY	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
	(APPROX.) While A	At Work				
	22. I certify that (1) (this hospital) attended the c	leceased fram	15		19	
	that (1) (we) last saw the deceased alive an		19and that	t in (my) (aur) opinion d	eath occurred an the date	
	and haur and from the causes stated above. (1) (\) 23A. SIGNATURE	(e) (dld) (dld not) vle	w the body after death.		•	
	Michael A ( )	toff 23 B. D	9/19/7/			
23C. PHYSICIAN'S NAME (Type)  MD  23D. ADDRESS						
24A	BURIAL CREMATION, 24B. DATE 24C, NAME	of CEMETERY OF CREA	MATORY 1 24D. LOS	CATION (Giff town	o, or county! (Stote)	
1	Burial 9/23/71 SACK	ED HEART	1	LTIMORE	MD.	
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF R	EGISTRAR	250 FUNERAL DIRECTOR	V	ADDRESS 2525	
VS	150-REV, 1/1/68	Cy G. Cy .	MA YOU ON US Y	· NACZOROU	SK, FLEGTS	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital IMPORTANT FUNERAL DIRECTOR:

and

	BALTIMORE CITY HEALTH DEPARTMENT	7//5
	BIRTH NO.	3. No. / 3880
	(Type of Point) Gral Halstram WALSTRUM 9/19/7	OF DEATH
	3. PLACE IN BALTIMORE, MARYLANO, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE / Where deceased.  A. STATE  B. COUNTY	lived If institution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN	but St. 105
2	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
9	13/3 Le out Start Bar 3	1. Det
	5. SEX 6. RACE NARRIED NEVER MARRIED 8. DAYE OF BIRTH 9. AGE (In	yeors / If Under 1 Yr., If Under 24 Hrs.
	WIDOWED DIVORCED 16/90-0 last blithday	
	done during most of warking life, even if felired)	12. CITIZEN OF WHAT COUNTRY?
	13. PATHER'S NAME	(1.)
	Seed - CHRIS SMITH SCHOOL	unknew N
	15. Was Deceased Ever in U. S. Amed Farces? (Yes, na ar unknown) (If yes, give war ar dates of service)  16. SOCIAL SECURITY NO.	ADDRESS
	18. 4/19 ( 1 CAUSE OF DEATH	PIECH 2511 GRAYMANDEK
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart follows exhapped at a flower of the	9/14/71
	hearl foilure, osthenio, etc. Il means the disease, injury or camplication which caused death.)	
	ANTECEDENT CAUSES  (B) artivolerally CV des	ene years
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last.	1
	II (c) Washing Gordinal June June June June June June June June	76.8
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 208, IF YE WAS PERFORMED	S, WERE FINDINGS CONSIDERED
	IN CERTIFY	YING CAUSES OF OEATH?
	OR CONTRIBUTING CAUSE OF home, form, factory, street office bidg., INJURY OCCUR?	n Baltimare City, give exact lacation)
	OF INJURY (Manth) (Dayl (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR	?
	Wark At Wark	/
	22. I certify that (1) (this hospital) attended the deceased fram. 6/17 19 70 ta	9/19/19/1
	that (I) (we) last saw the deceased alive an	aur) apinion death accurred on the date
	23A. SIGNATURE	23 B. OATE SIGNED
	23C.PHYSICIAN'S  Attending Med. Shoff Phys. Director Phys. Care Ph	9/19/71
	NAME (Type)  AND  AND  AND  AND  AND  AND  AND  AN	A small

24A. BURIAL CREMATION, 24B. DATE DEGREE RY OF CREMATOR CEMETERY OF MOCATION 24D. FUNERAL DIRECTOR ALT IM A NE QE, REGISTRAR Jabel M 258 NAME 25C. ADDRESS 9 22 8 VS 150-REV. 1/1/68

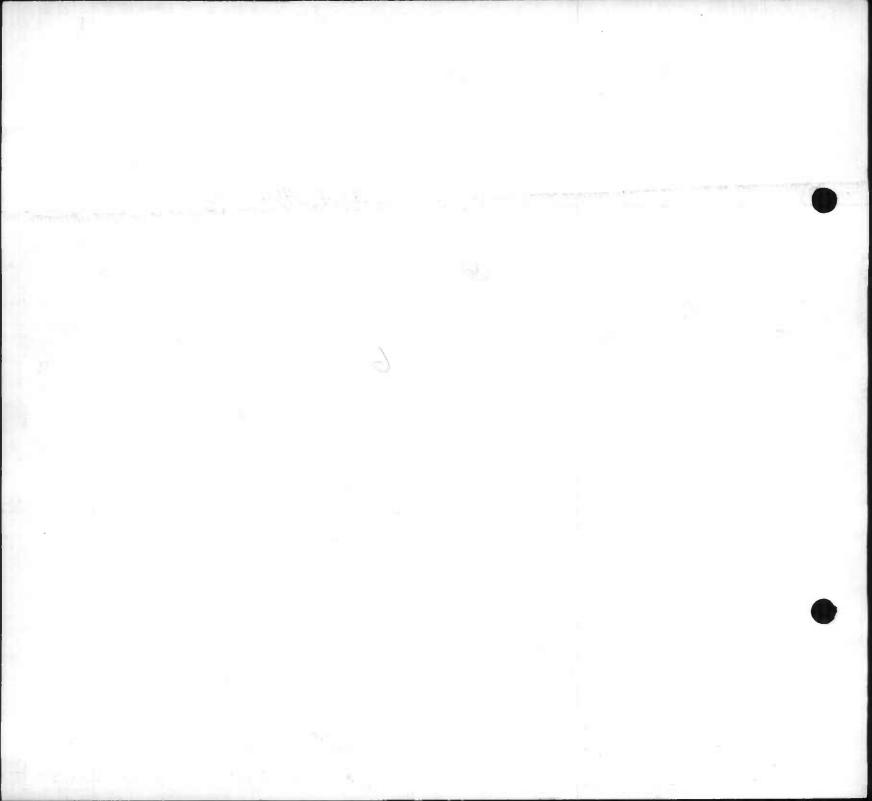
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### BALTIMORE CITY HEALTH DEPARTMENT

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REG.	NO.	/1	_ <u>&gt;</u>	K

BIRTH 1	vo. 71	8881		CERTIFICA	TE OF D	EATH	REG. N	10. 71	8881	
FRA	Print)	ADZIEW	SKI.	T. (KomoRow.	ski)		1971. ar		M	
3. PLAC	CE IN BALTI	MORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESI	DENCE (Whe	re deceased live	ed. If institution	: residence befare	odmissian)
HOSPIT INSTITU	AME OF AL OR ITION	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	c. CITY OR TOX	yland		D. INSIDE CITY	LIMITS?	25
CF	+URC	H HOME	AND	HOSPITAL	E. STREET, AND	NUMBER		YES [	8 NO[	
'	nale	white	WIDOWED		8. DATE OF BIR	TH /900	9. AGE (in year lost birthday)		der 1 Yr. If Un	
7	Hous	e wife	108 KIND OF	BUSINESS OR INDUSTRY	)	4 arry	land.	12, CI	TIZEN OF WHAT	
1	HER'S NAM	it Rupi			14. MOTHER'S	ephiv		otno	wske	
N	Tunknownii	ver in U.S. Armed Ford If yes, give wor or date:	es? af servicel	6. SOCIAL SECURITY NO. 199 07 409	Mary		leh	4721	Home	dale A
18.		OR CONDITION DIR	ECTLY	CAUSE OF DEAT	H Cardi	· Re	spirator	o for him	APPROXIMATE BETWEEN ONSET	
hea	s does not	mean the mode of sthenia, etc. It means ication which coused	the disease	(A) IMMEDIATE CAL	ISE A CONSEQUENCE	OF:	*	*************	2 d.	ang.
	1A	ITECEDENT CAUSES		(B) Ade	no Con C	inow	ia Ke	Lastatie	2	
nse	lo lhe	CONDITIONS, if a above cause (A) CONDITION last.	ny, giving sloling the	(c). Int	a consequences him a	e of:	tonchi,	Da	7	
A DISE	HE DEATH	II ANT CONDITIONS CON BUT NOT RELATED TO TH IDITION GIVEN IN PART	E TERMINAL	*********		***************************************				
194.	1-15-	PERATION 198 CONE	RMED	destruction	No-			WERE FINDING G CAUSES OF	S CONSIDERED DEATH?	
OR O	CONTRIBUTE	WAS UNDERLYING NG CAUSE OF	218. Pi home, etc.)	ACE OF INJURY (e.g., in form, foctory, street, of	or obout 21 C. WI fice bldg., INJURY	OCCUR?	(II In Bo	oltimore City, gi	ve exact locotian)	
S OF II	TIME (/ NJURY ROX.)	Manth) (Day) (Year)		AI Not While		ונאו סום WC	JRY OCCUR?			
that	(1) (we) 10	at (1) (this hospital) st saw the deceased	olive on	9-17-	J- 8-	and tho	9 <u> </u>	9 — ) opinion dec	17-1 oth occurred or	97/ the date
ond	hour and f	rom the causes state	d obove. (I)	We) (did) (did not) v	ew the body of	ter deoth.			TE SIGNED	<del></del>
23 C.	PHYSICIAN'	ENAYATOL	(AH B	DEGREE Phys	3D. ADDRESS	rector F	Shoff D	6	1-17-1	971
24A. BUR	TAL CREMA	cily) Q/a/a		DEGREE	/	24D, LO		(Cily, town,	ar county!	(Stote)
25A. DA1	RIAL		58. NAME OF	REGISTRAR	25GJUNERAL 25GJUNERAL	DIRECTOR		10RE	ADDRESS	
/S 150-R	SEP EV. 1/1/68	22 1971 (14	Bert E. J	moey make	17/1961	VI KY	MACZOR	owskie	2525 FX	EKT ST



This certificate must be

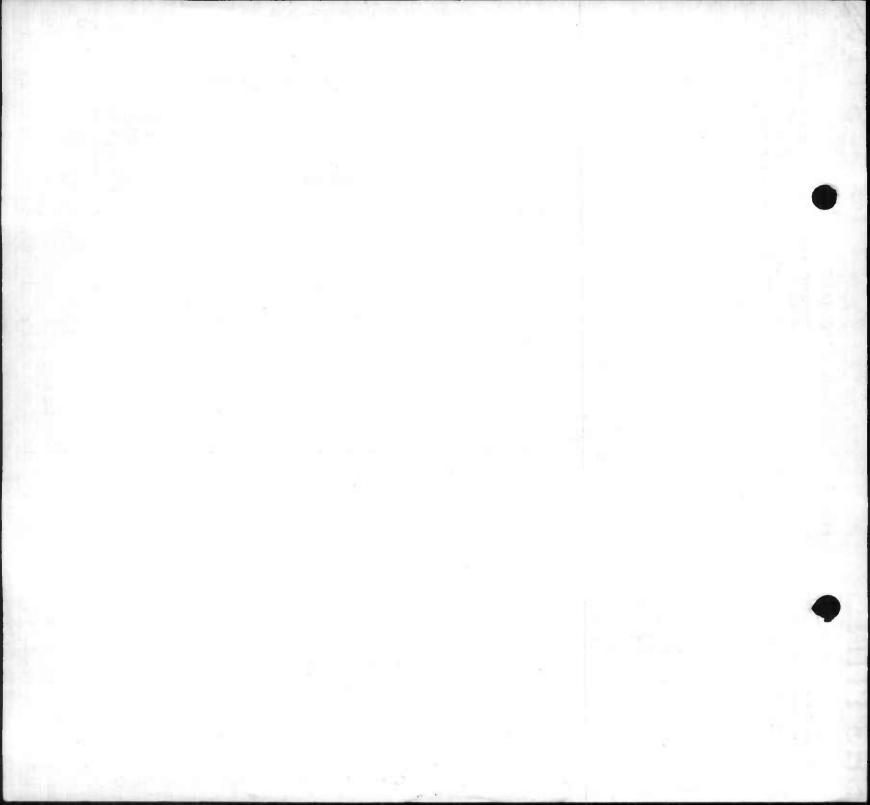
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death-shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT

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CERT	IFICA	TE	OF	DEATH	Н

REG.	NO.	71	9882
			11 10

BI	RTH NO. 71. 8882	CERTIFICA	TE OF DEATH	REG. NO.	8882	
	NAME OF DECEASED (pe or Print) OLIVER, SYLVE	STERBSA	2. DATE AN	19-1971	1 630	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONO			re deceased lived, If insti-	tution: residence before admission)	
IN	JLL NAME OF OSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)		NICE	ie 5%	2 401	
é	South Baltimake General	THE RESERVE	E. STREET AND NUMBER	Y	ES NO	
	13			KsiesT.		
5.	SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	10 465 (1-	If Under 1 Yr. If Under 24 Hrs.	
10/	WIDOWED  A USUAL OCCUPATION (Give kind of work 108, KIND OF		12-24-01	63	12. CITIZEN OF WHAT COUNTRY	
dor 9	during most of working life, even if retired) B+111.		Baltimore.	mary/AND	21.5 A	
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME		
15.	Wes Deceased Ever in U. S. Armed Forces?	1 6 SOCIAL	17. INFORMANT	MARSH	ADDRESS	
(Te	s, no or unknown! (If yes, give wer or dates of service)	SECURITY NO.	10 01	ier 1409 C	ooksie ST.	
-	18. 441.91	CAUSE OF DEATH			A ROBO O VIALA YE TALTERY AT	
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Caseli	J Pulmon as	y assest	BETWEEN ONSET AND DEATH	
	this does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	(A) IMMEDIATE CAU	SE // CONSEQUENCE OF:	<i></i>		
	injury or complication which coused death.)	1001	+; A			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	Lysm		
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C)	CONSEQUENCE OF:			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	400004400000000000000000000000000000000			•••••	
EXTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes) or No	IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?	
CAL CI	21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	PLACE OF INJURY (e.g., in e, farm, factory, street, affi	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Baltimare C	ity, give exact lacation;	
	OF INJURY	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
1	Wor					
22. I certify that (I) (this hospital) attended the deceased from 9 14 19 7/ to 9 - 19 that (I) (we) last saw the deceased olive an 19 and that in (my) (our) apinion dept						
	that (1) (we) last saw the deceased office an ond have ond from the causes stated above. (1	at in (my) (our) apinio	n deoth accurred on the dote			
	23A. SIGNATURE	7 (1147 (4147 (414 11617) 41	ew the budy after deoffi.	23	E DATE SIGNED	
	a. allos	OEGREE Phys.	Director Ll	Stoff Phys.	9-19-1971	
	23C. PHYSICIAN'S NAME (Type) ALI ABOOS	51	BALTI	Glenn Mich	0	
244	BURIAL CREMATION, 248. DATE 24C.NA	ME of CEMETERY OF CREA			lown, ar county) (State)	
25.4	Biris/ 9/23/71 (-10)	HavraMeneria		ne Arundel	1, Maryland	
25%	SEP 22 1871 Page 8	abe, KA	25C. FUNERAL DIRECTOR	STEVES FAR	AVENCE, FAC.	
VS	150-REV. 1/1/68					

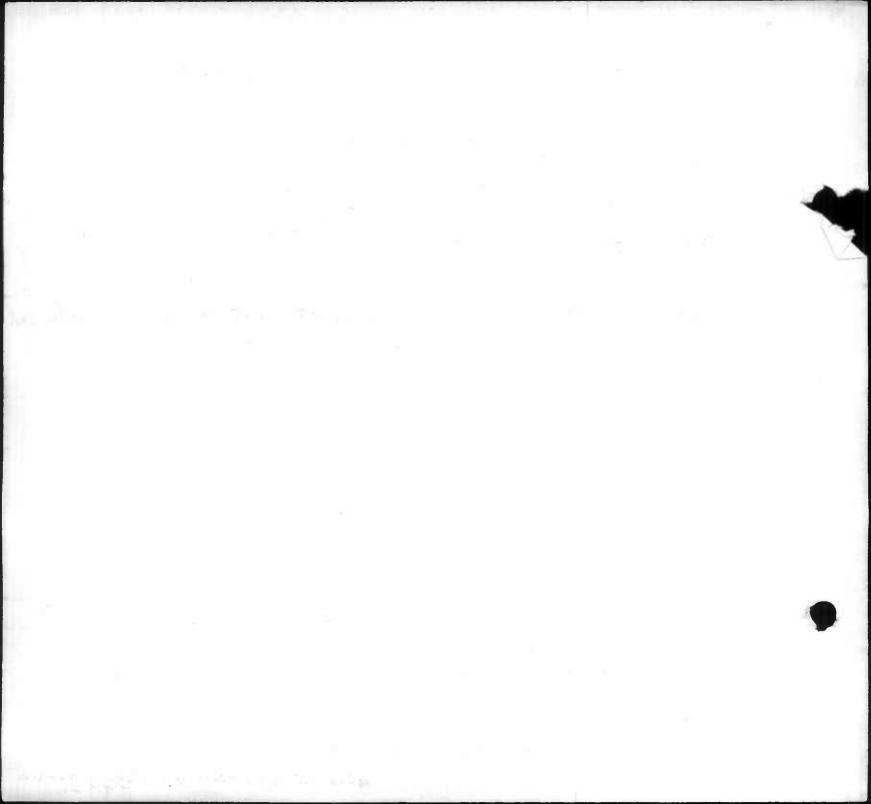


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BALTIMORE C	ITY HEA	ALTH DE	PARTA	ENT
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		171.4	0002	
REG.	NO.	71	8883	

71 8883 CEPTIFIC	ATE OF DEATH REG. NO. 71 8883
INAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type of Print) GLORIA ANN STEWAR	20 4/1/12/
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md AA
UNIVERSITY OF MARYLAND	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO
Has PITAL	E. STREET AND NUMBER
	Rt. 1 Box SOS
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In yeors lost birthdoy)  Nonths: Doys Hours Min.  Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	10/10/1/
House during most of working life, even if retired)	md USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE MACK	HELEN BROWN
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, na or unknawn) (if yes, give wor at doles of service)  SECURITY NO.	17. INFORMANT ADDRESS
No -	Carl Stewart At. 1 Box 505 Odenten Mid
CAUSE OF DEA	RETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)IMMEDIATE CA	, , , , , , , , , , , , , , , , , , , ,
(This does not mean the made of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	=
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR A	S A CONSEQUENCE OF:
nse to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
z II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1	Lupus BAYTHEM ATOSIS
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, farm, foctory, street, of DEATH (natify medical examiner)	in at about 21 G. WHERE DID (If In Baltimare City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Wark At Wark	le 🔲
22. I certify that (1) (this haspital) attended the deceased from	9/14 197/10 9/16 197/
that (1) (we) lost saw the deceased alive on 9/6	19 71 and that in my) (out) apinion death occurred on the date
ond hour and from the causes stated above. (1) (We) (did) (did not)	
Iffy James MB	ending Med. Staff 9/6
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
JEFFREY SAMUELS MAGGETT	
24A. FURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Chilem 6 Amprills Mill
SEP 22 1971 Robert E Jaber 4.8.	AS SW Bhile for thous 4925 pepine Ave INE
VS 150-REV. 1/1/68 .	Wash



### IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 71. 8884	CERTIFICA	TE OF DEATH REG.	No. 71 8884
(Type or Print) Xavier Gann	er Jr.	2. DATE AND HOUR OF	DEATH 3 00
3. PLACE IN BALTIMORE, MARYLAND, WHER		4. USUAL RESIDENCE (Where deceased li	ved. If institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOGATION Many kind General 100.	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN La Plata  E. STREET AND NUMBER	Charles  D. INSIDE CITY LIMITS?  YES NO NO
78		Stan Rte. #3	21646
W W	IDOWED DIVORCED	8. DATE OF BIRTH  6-28-14 Set birthdoy	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, done during most of warking life, even if refired)	KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Xavier W. Ga		Mary R. Mur	phy
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) Uf yes, give war or dates of	service) 16. SOCIAL SECURITY NO. 217-36-6332	Adelaide G. Gar	ADDRESS ner-Wife, La Plata, Mo
DISEASE OR CONDITION DIRECT LEADING TO DEATH  (This does not meen the mode of dyin hoort failure, astheria, etc. it means the injury or camplication which coused dea  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, rise to the above cause (A) stot UNDERLYING CONDITION lost.	(A) IMMEDIATE CAUS DUE TO, OR AS A th.)  (B)  DUE TO, OR AS A	E he patie failure CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 () 1994-DATE OF OPERATION 1998 CONDITION	RMINAL	204	
19A. DATE OF OPERATION 19R. CONDITION WAS PERFORM	NED	Yes IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical exomine)	218. PLACE OF INJURY (e.g., in hame, form, factory, street, alliets.)	or about 21 C. WHERE DID (If In ce bidg., INJURY OCCUR?	Baltimore City, give exoct lacotion)
OF INJURY (Month) (Day) (Yeor) (Ha	While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) att that (I) (we) last saw the deceased al		9-7 19 7/ ta 19 7/ and that in(my) (a	9-18 19 7/
and have and from the causes stated a	bove. (1) (We) (did) (did not) vi		
23A/SIGNATURE J. Cloyla	udy M DDEGREE Phys.	ding Med. Staff Director Phys.	9/19/1971
23 G. PHYSICIAN'S NAME Gype)	Specker	MGH Linden A	- 1 1 1
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CREA		(City, town, or county) (State)
Burial 9/21/71 25A. DATE REC'D BY HEALTH DEPT. 125E.	Mt. Rest Ceme		
	E. Jaben, M. B.	asc. FUNERAL DIRECTOR	lone Inc. La Plata m

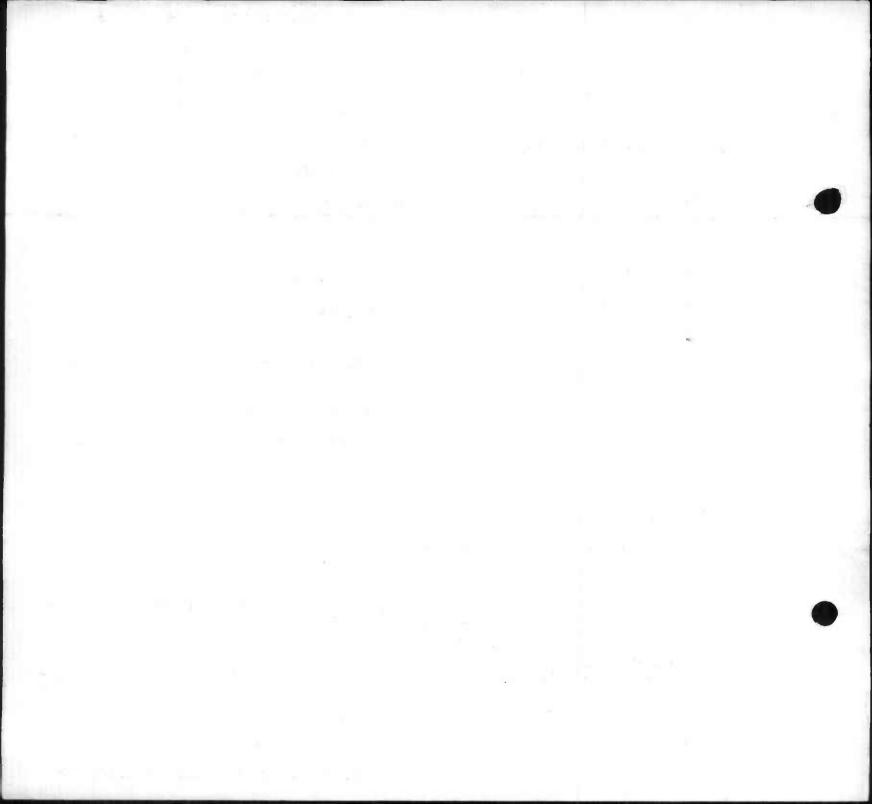
a Plota.

. 5 51 2 5 5

		HEALTH DEPARTMENT	0005
	BIRTH NO. 71. 8885 CERTIFICA	TE OF DEATH REG. NO. 71	8880
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONDUNCED DEAD	4. USUAL RESIDENCE Where deceased lived, Il institution:	M.
	WHEREPRONDUNCED DEAD	A. STATE B. COUNTY	residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN	602
	THE JOHNS HOPKINS HOSPITAL	BALTIMORE D. INSIDE CITY	
	BALTIMORE, MD 21205	E. STREET AND NUMBER	1 100
de.		136 N. BELNORD AVE	
made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	24 lost birthday , Month	der 1 Yr. If Under 24 Hrs. S Doys Haurs Min.
.5	MALE WHITE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY	06-06-25x 46x 4/	
0	done during most of working life, even it retired)		TIZEN OF WHAT COUNTRY?
sit	12. FATHER'S NAME	Minyland.	USA
disposition			
Ġ.	JOHN BAUBLITZ 15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	IDA COMPTON Lambert	ADDRESS
nal	(If yes, give wor or dates of service) SECURITY NO.	Mrs. Madeline O. Baublitz 13	
r fin	18. // / CAUSE OF DEAT!	H	APPROXIMATE INTERVAL
o	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
E	LEADING TO DEATH	ISE Cordine arrest	
balmed	interior deliterate, city it theuns the disease,	A CONSEQUENCE OF:	34 647
emi	injury or complication which coused death.	2	3 in part
are	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:	
		e ASCVO	
ain	[C)	***************************************	
remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
0	U 1994. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	100.00	
t	WAS PERFORMED	NO 208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in		ve exect location)
	O DEATH (notify medical examinet)	nce blog. INJURI OCCUR:	
ained	OF INJURY (Manth) (Day) (Year) (Haut) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ain	(APPROX.) While At Not While At Work At Work		
obt	22. I certify that (1) (this hospital) attended the deceased from	in, 21 197/ 10 3 2pt	19 19 77
eq	that (1) (we) lost sow the deceased olive on Sept. 19	19 // ond that in (my) (our opinion dec	oth occurred on the dote
	ond hour and from the couses stated above. (1) (We) (did) (did not) v		
must	1 0 0 0 × 0 22 -		TE SIGNED
٨٥١	23C.PHYSICIAN'S	Director Phys.	-19-71
approval	NAME (Type)	Cours Hollers Halel	+1_
db	JOHN A.NESBITT, 3RD M. DI DEGREE  24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE		or county) (State)
	Burial 9/22/171 Oak Lawn (emet		
written	25A. DATE REC'D BY HEALTH DEPT. 1 258 NAME OF REGISTER	Leny Baltimore, Maryle 125c. FUNERAL DIRECTOR	ADDRESS
3	SEP 22 1971 Robert E. Jaden Co.	John A. Moran, Inc. 3000 E. 1	Baltimone St
	VS 150-REV. 1/1/68		and a survey of

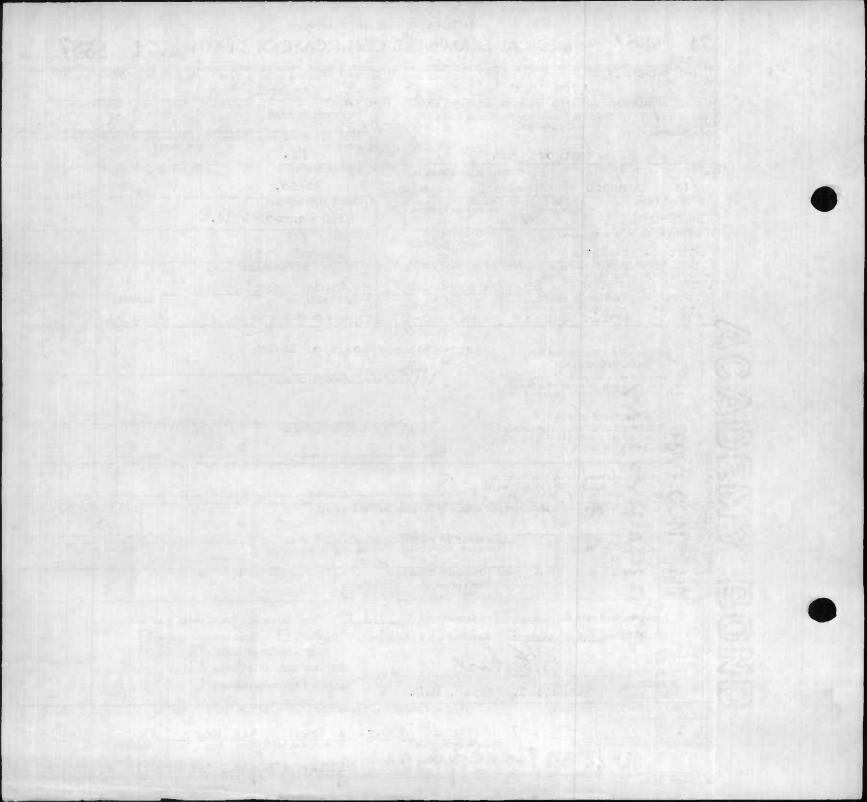
e tills - ettils The second second C. Sec. Tribles, 1 Fedu

BIRTH NO.	1 8886			HEALTH DEPARTMENT		91 8886
	F DECEASED				AND HOUR OF DEATH	
	PERRY	MEYED		Se	PT. 18, 107	71 1525/P N
3. PLACE I	N BALTIMORE, MARY	LAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (V.	here deceased lived. If	nstitution: residence before admission
FULL NAM HOSPITAL INSTITUTIO	OR ADDRESS	N HOSPITAL OR INST	ITUTION, GIVE STREET	C. CITY OR TOWN	Dorchrster	SIDE CITY LIMITS?
l I	U. OF M	O Hecp		CAMBRIDGE		YES NO P
000	.O. OP 100	D HOSP		E. STREET AND NUMBER		
5. SEX	6. RACE	7- MARRIEI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M	W	WIDOWE	DIVORCED D	4-9-20	last birthdoy)	Months Doys Hours Min.
IOA, USUAL	OCCUPATION (Give ki	ind of work 108, KIND	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or 1	oreign country)	12. CITIZEN OF WHAT COUNTRY
1 A	nost of working life, even	if felired)		~		CESA
13. FATHER	S NAME			14. MOTHER'S MAIDEN N	IAME	-011
NI	CLOSE WAS	2.40.0		paced		
15. Was Dec	GUST MA	med Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no of un	known) (If yes, give w	or or dotes of servicel	SECURITY NO.			
110		<u> </u>		X COMPOUNT Da	vid Meyer C	ambridge M
18.5	71.0		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	SEASE OR CONDITE  LEADING TO			0 0	1	0 1
heori to	oes not meon the pilure, asthenio, etc. I	mode of dying, e.g	(A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF:	Kesle	40045
I Injuly 0	ANTECEDENT			11		
DISEAS	ES OR CONDITION		(B)	A CONSEQUENCE OF:	ase curke	SIS Years
rise lo	the obove cau	se (A) stating the				$\nu_{-}$
UNDER	LYING CONDITION	last,	(c)	Alceholism		Years
E TO THE	IGNIFICANT CONDITION DEATH BUT NOT RELATED FOR CONDITION GIVE	TED TO THE TERMINAL	***************************************			
U 19A. DA	TE OF OPERATION 1	98. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208, IF YES, WERE	FINDINGS CONSIDERED
E19-5	- 71	POMOSL /+	UPRRICUSION	Yes	IN CERTIFYING CA	USES OF DEATH?
OR CON	CIDENT WAS UNDER	LYING 21	B. PLACE OF INJURY (e.g., ir me, form, factory, street, off	or about 21C. WHERE DID		re City, give exact location)
OF INJU	IE (Month) (Doy)	(Yeor) (Hour) 21	E INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX	u)	w	hile At Not While At Work			
22. I ce	ertify that (1) (this I	hospital) attended	the deceased from DL	pr I	19 71 to Se	PT: 18 1971
that (1)	(we) last sow the	deceased alive an.	Dept. 19,	19.7/ and		nlan death accurred an the date
and hav	er and from the caus	ses stated abave.	(I) (We) (did) (did not) vi			
23A. SIG	NATURE					238, DATE SIGNED
222 21	Mur W.	Beall, MI	DEGREE Phys.		Staff Phys.	Sept. 19 1971
23 C. PHY	SICIAN'S ME (Type)		2	3D. ADDRESS		0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	PETER W	BEALL	DEGREE	UNIV. OF V	up HOSP.	
24A. BURIAL REMOV	CREMATION, 248. (	DATE 24C.N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ly, town, or county) (State)
Buri			lDorchester M	emorial Prk	Cambridge	Dorchester MD
25A. DATE I	SEP 22 197		Jaben KD.	25C. FUNERAL DIRECTO	wheral Home	Cambridge MD
VS 150-REV.						O .



	British Charles and Francisco	
MEDICAL	EVALAINED'S CEDTIEICATE OF DE	A

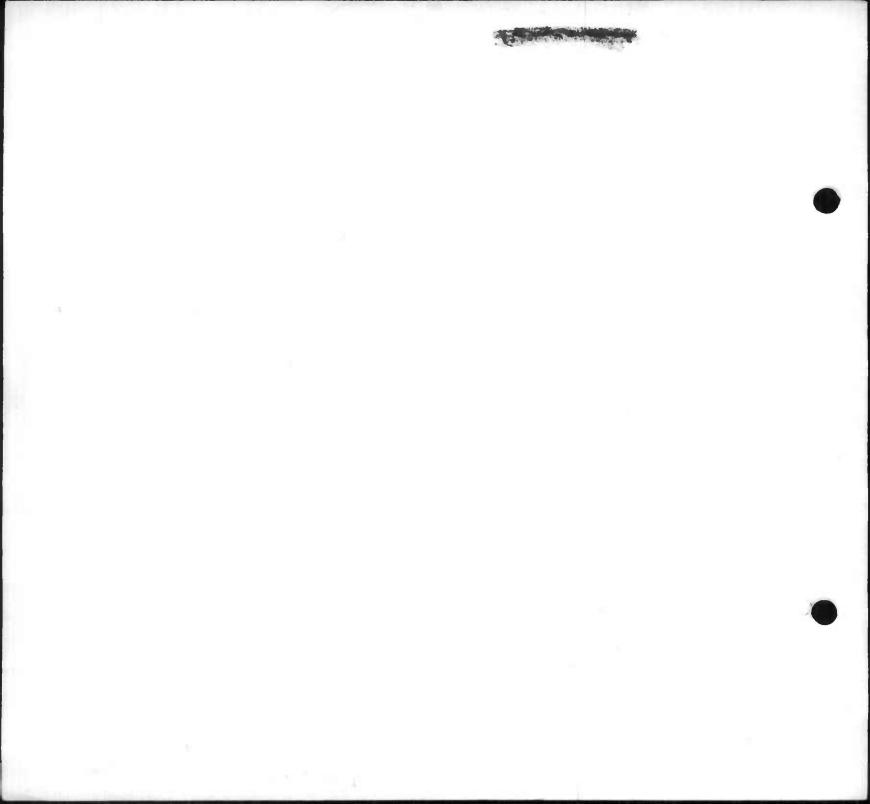
1 Y320	BIRTH NO.	CERTIFICATE OF DEATH REG. NO.1 8887
1320	1. NAME OF DECEASED (Type or Print)  MARION YATES	2. DATE Known Month Day Yeor Hour
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated M.  3. DATE Manth Doy Year Hour
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 9 19 1971 6:50 P
	4310 Wentworth Rd.	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  Md.  B. COUNTY
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	male negro widowed Divorced D	Balto. YES 🔼 NO 🗌
	9. DATE OF BIRTH 10. AGE (in years   If Under 1 Yr. If Under 24 Hrs. Manths; Days; Hours; Min.	E. STREET AND NUMBER
	5-29-1915 56 1 1 111. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	4310 Wentworth Rd.
	Cantha Canalina WHAT COUNTRY?	Edmond Yates
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
	done during most of working lile, even (I retired) Crane Operator Sparrows Point	Janie Herriot
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown)((Il yes, give war or dates al service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
	yes World War II 249-42-070	5Carrie T. Yates 4310 Wentworth Avenue
	19. 57/8 I CAUSE OF DEAT	BETWEEN ONSET AND DEATH
	DISERSE ON CONDINOTED DIRECTE	rphosis of liver
	LEADING TO DEATH  (This does not meen the made of dying, e.g.,  (A) IMMEDIATE C DUE TO OR A	AS A CONSEQUENCE OF:
	heart failure, asthenio, etc. It means the disease, injury ar compilization which caused death.)	is a consequence of
	ANTECEDENT CAUSES (R)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
	UNDERLYING CONDITION LAST. (C)	
	<u> </u>	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No.)
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	yes
	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., Inme, larm, foctory, street, office	In ar about 22C. WHERE DID (II in Baltimare City, give exact location) e bidg., etc.) INJURY OCCUR?
	UTING CAUSE OF DEATH.	
100	OF INJURY (APPROX) WHILE AT NOT	WHILE ORK
		topsy Ond that on this basis, death in my opinion
	resulted from: Notural causes 🗵 Accident Suicid	
	ACTUAL PARTIES	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATUREM.D.	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER  9/20/71
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
	Burial 9-24-1971 Arbutus Memo	orial Park Baltimore Co. Maryland
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
	SEP 22 1971 Paber E. Farber, M.D.	NUTTER FUNERAL HOME 3035 W. NORTH AV
	VS 151-REV. 1/1/68	



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

MIDOWED   DIVORCED	В			HEALTH DEPARTM		REG. NO.	1 8	888	
MONTER   ADDRESS OR LOCATION	(T	ype or Print) SIMMONS FIDINA		4. USUAL RESIDENC	CE (Where	deceased lived 11	17/	8.34	7 / DM. é odmission)
E. STREET AND NUMBER  TO ARCE  The MARRIED NEVER MARRIED  NO DEPOSITION  TO AUSUAL OCCUPATION (Give lind of work) 10 ft. kind of public line with a divine and of working most of working line, was it relieved  DOMESTIC  TO AUSUAL OCCUPATION (Give lind of work) 10 ft. kind of public line with a divine and of working line, was it relieved  DOMESTIC  TO AUSUAL OCCUPATION (Give lind of work) 10 ft. kind of public line with a divine and of working line, was it relieved  DOMESTIC  TO AUSUAL OCCUPATION (Give line of work) 10 ft. kind of public line with a divine and of working line, was it relieved  DOMESTIC  TO AUSUAL OCCUPATION (Give line of work) 10 ft. kind of public line with a divine and of working line, was it relieved  DOMESTIC  TO AUSTA AND THE MARKET NAME  HENRY MORGAN  TO SEE  TO SEE  TO AND THE FEATUAL LINE  TO SEE  TO SEE  TO AUSTA OCCUPATION (The Condition of the team in a divine and line work of the course	11 F	OSPITAL OR ADDRESS OR LOCATION	TREET		AND	D. IN	SIDE CITY L	.IMПS?	02
S. SEE   S. BACE   'MARRIED   NEVER MARRIED   S. DATE OF SIRTH   S. AGE (in years   Months: Days   Hours   Total North   Nor	1	11/an == 0 = 11 a 11 a 12		BALTIMON E. STREET AND NUM	RE MBER	EIMAN	YES 🗌	NO	]
MARKED   NOV	5.	101010101000000000000000000000000000000		329 W	HO				
10. SUSAL OCCUPATION Give bind of working its, were it related became during most of working life, were it related became during most of working life, were it related by the property of th		MARRIED WEVER MAR	= 1	S. DATE OF BIRTH	1000	. AGE (In years	If Unde Months	Days Hours	nder 24 Hrs. Min.
DOMESTIC    JAPACHER'S NAME	10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR		1. BIRTHPLACE IStote	or foreig	n country)	12. CITI	ZEN OF WHAT	COUNTRY
14. MOTHER'S NAME   14. MOTHER'S MAIDEN NAME   ROSE   15. SOCIAL   ROSE   16. SOCIAL   ROSE   17. INFORMANT   ROSE   17. INFORMANT   ROSE   18. MOTHER'S MAIDEN NAME   ROSE   17. INFORMANT   ROSE   18. MOTHER'S MAIDEN NAME   ROSE   17. INFORMANT   ROSE   17. INFORMANT   ROSE   18. MOTHER'S MAIDEN NAME   ROSE   17. INFORMANT   ROSE   18. MOTHER'S MAIDEN NAME   ROSE   17. INFORMANT   ROSE   17. INFORMANT   ROSE   18. MOTHER'S MAIDEN NAME   ROSE   17. INFORMANT   ROSE   18. MOTHER'S MAIDEN NAME   ROSE   17. INFORMANT   ROSE   18. MOTHER'S MAIDEN NAME   ROSE   17. INFORMANT   ROSE   18. MOTHER'S MAIDEN NAME   ROSE   17. INFORMANT   ROSE   RO	100			MARYLAN	ND	•			
IS. Was Deceased Ever in U. S. Armed Forces?  ITES, no or unknown (ii) yes, give wor or dotes of service)  ITES, no or unknown (ii) yes, give wor or dotes of service)  IS.   CAUSE OF DEATH   CLARK, STEPHENVILLE, I  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (Ithis does, not meen the mode of dying, e.g., heart folium, asthenic, is cl. II meens the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving dise to the above cause (A) sloting the UNDERLYING CONDITIONS CONTRIBUTING (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C).  OTHER SIGNIFICANT CONDITION SCONTRIBUTING (C).  OTHER SIGNIFICANT CONDITION SCONTRIBUTING (C).  IN ANTECEDENT WAS UNDERLYING (C).  OTHER SIGNIFICANT CONDITION SCONTRIBUTING (C).  OTHER SIGNIFICANT CONDITION SCONTRIBUTING (C).  IN ACCIDENT WAS UNDERLYING (C).  OR CONTRIBUTING (C).  IN ACCIDENT WAS UNDERLYING (C).  DISEASE OR CONDITION GIVEN IN PAST ) (A).  ISA. ACCIDENT WAS UNDERLYING (C).  DISEASE OR CONDITION GIVEN IN PAST ) (A).  ISA. ACCIDENT WAS UNDERLYING (C).  DISEASE OR CONDITION GIVEN IN PAST ) (A).  ISA. ACCIDENT WAS UNDERLYING (C).  DISEASE OR CONDITION GIVEN IN PAST ) (A).  ISA. ACCIDENT WAS UNDERLYING (C).  DISEASE OR CONDITION GIVEN IN PAST ) (A).  ISA. ACCIDENT WAS UNDERLYING (C).  DISEASE OR CONDITION GIVEN IN PAST ) (A).  ISA. ACCIDENT WAS UNDERLYING (C).  DISEASE OR CONDITION GIVEN IN PAST ) (A).  ISA. ACCIDENT WAS UNDERLYING (C).  DISEASE OR CONDITION GIVEN IN PAST ) (A).  ISA. ACCIDENT WAS UNDERLYING (C).  DISEASE OR CONDITION GIVEN IN PAST ) (A).  ISA. ACCIDENT WAS UNDERLYING (C).  DISEASE OR CONDITION GIVEN IN PAST ) (A).  ISA. ACCIDENT WAS UNDERLYING (C).  DISEASE OR CONDITION GIVEN IN PAST ) (A).  ISA. ACCIDENT WAS UNDERLYING (C).  IN ACCIDENT WAS UNDERLYING (C).  IN ACCIDENT WAS UNDERLYING (C).  IN ACCIDENT WAS UNDERLYING (C).  IN ACCIDENT WAS UNDERLYING (C).  IN ACCIDENT WAS UNDERLYING (C).  IN ACCIDENT WAS UNDERLYING (C).  IN ACCIDENT WAS UNDERLYING (C).  IN ACCIDENT WAS UNDERLY (C).  IN ACCIDENT WAS U	13		1			E		0 0 1	12
Nest not unknown  (il yes, give wer at doles of service)   SECURITY NO.   MRS PEARL CLARK, STEPHENVILLE,		HENRY MORGAN		ROSE					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, astheria, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL OUT OF THE TERMINAL OUT OUT OF THE TERMINAL OUT OF THE TERMINAL OUT OF THE TERMINAL OUT OUT OF THE TERMINAL OUT OF THE TERMINAL OUT OF THE TERMINAL OUT OUT OF THE TERMINAL OUT OF THE TERMINAL OUT OF THE TERMINAL OUT OUT OF THE TERMINAL OUT OF THE TERMINAL OUT OF THE TERMINAL OUT OUT OF THE TERMINAL OUT OF THE TERMINAL OUT OUT OUT OUT OUT OUT OUT OUT OUT OUT	15	an an anning manual (II)			EARL	CLARK, S	STEPH:	ADDRESS F.NVILL	E,MD
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This does not meen the mode of dying, e.g., heart foliute, asthenia, etc. Il means the disease, injury or camplication, which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving dise in the above cause (A) stating the UNDERLYING CONDITION lost. (C).    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).    17A DATE OF OFERATION   19A CONDITION FOR WHICH OPERATION   20A AUTOPSY? (Yes or Not)   20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?   19A CONDITION FOR WHICH OPERATION   21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID OR CONTRIBUTING CAUSES OF DEATH?   21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSES OF DEATH?   21B, PLACE OF INJURY OCCUR?   21				$\sim 1$	)	1.1.0		BETWEEN ONSET	AND DEATH
NAME CREATE OF CONTRIBUTING CONTRIBUTING   Control   C		(This does not mean the mode of dying an (A)IMME			1/	(. X. H		1 47	ago
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.    OTHER SIGNIFICANT CONDITION   Last   Conditions   Contribution		lucan ionore, asmenia, etc. it means me disease.	.0,0,7,7	CONSEQUENCE OF:	0050				
UNDERLYING CONDITION last.  (c)				man	T		- 1	Many	Venal
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  199-LOATE OF OPERATION 199-CONDITION FOR WHICH OPERATION 199-CONTRIBUTING CAUSES OF DEATH?  210-LOADE OF OPERATION 199-CONDITION FOR WHICH OPERATION 199-CONTRIBUTING CAUSES OF DEATH?  211-LOADE OF OPERATION 199-CONTRIBUTING CAUSES OF DEATH?  212-LOADE OF OPERATION 199-CONTRIBUTING CAUSES OF DEATH?  213-LOADE OF OPERATION 199-CONTRIBUTING CAUSES OF DEATH?  214-LOADE OF OPERATION 199-CONTRIBUTING CAUSES OF DEATH?  215-LOADE OF INJURY CAUSE OF DEATH?  216-LOADE OF INJURY OCCUR?  217-LOADE OF INJURY OCCUR?  218-LOADE OF INJURY OCCUR?  219-LOADE OF INJURY OCCUR?  219-LOADE OF INJURY OCCUR?  220-LOADE OF INJURY OCCUR?  221-LOADE OF INJURY OCCUR?  222-LOADE OF INJURY OCCUR?  223-LOADE OF INJURY OCCUR?  224-LOADE OF INJURY OCCUR?  224-LOADE OF INJURY OCCUR?  224-BURIAL CREMATION, 1948-DATE 194-CONTRIBUTION 194-COUNTY OCCUR?  224-BURIAL CREMATION, 1948-DATE 194-CONTRIBUTION 194-COUNTY OCCURY)  224-BURIAL CREMATION, 1948-DATE 194-CONTRIBUTION 194-COUNTY OCCURY OF THE TERMINAL DATE OF THE		TIME TO THE CONDITION IN	IO, OR AS A	CONSEQUENCE OF:	and .			7	190
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)    Attending   CAUSE OF DEATH (notify medical examined)	$\ _{_{-}}$	11				***************			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)    Attending   CAUSE OF DEATH (notify medical examiner)   Name, form, loctory, street, affice bidg, iNJURY OCCUR?	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			***************************************				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)    Attending   CAUSE OF DEATH (notify medical examiner)   Name, form, loctory, street, affice bidg, iNJURY OCCUR?	ERTIFIC	198 CONDITION FOR WHICH OPERATI	ON	20A. AUTOPSY? (Yes	s or No)	208 IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF I	CONSIDERED DEATH?	
(APPROX.)  Work At Work  At Work  22. I certify that {I) (this hospital) attended the deceased fram	11	OR CONTRIBUTING CAUSE OF home, form, loctory,	URY (e.g., in street, allic	or obout 21 C. WHERE INJURY OCC	DID CUR?	(II In Boltimo	re City, give	e exact location	
22. I certify that (I) (this hospital) attended the deceased fram	MEDI	(APPROX.) While At	Not While		וענאו סופ	RY OCCUR?			
that (1) (we) last sow the deceased alive an		22. I certify that (1) (this hospital) attended the deceased fr	'am	4/28/	19	20 to	9/	2//1	9.2/
23A. SIGNATURE  Attending Med. Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Ste		that (1) (we) last sow the deceased alive an	1/27	197/			nlan deat	h occurred a	n the date
Attending Med. Stoff Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Store)		ond haur and from the couses stated above. (1) (We) (41d) (d	ld not) vie	w the body after d	leath.				
23C. PHYSICIAN'S NAME (Typo)  24A. BURIAL CREMATION, 124B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (Stepering)		Wandla HI		ing Med.	☐ Si	off []	238. DAT	E SIGNED	7/
REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (St		23C. PHYSICIAN'S	23				1 /	101/1	
	24.	REMOVAL (Speciful	RY or CREM				ly, town, or	r county)	(Stote)
SEP 23 1971 Julius 2 James F REGISTRAR VS 150-REV. 1/1/68		SEP 23 1971 John E. Marier, Co.	0.0	25C. FUNERAL DIR	ECTOR			ADDRESS nort	h Ave



# FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical exominer. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1	N-21/2	BALTIMORE CITY	HEALTH DEPARTME	NT	
	BIR	TH NO. 71 8889	CERTIFICA	TE OF DEAT	TH REG. NO.	
		NAME OF DECEASED	,	2. DA	ATE AND HOUR OF DEATH	12 8889
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOR	se lev	9	7-19-71	10 43 P M
				A. STATE B.	COUNTY COUNTY	nstitution: residence before admission
	HC	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET		Nd	1601
1		Dukeland NSG, Home		BAITIMO		IDE CITY LIMITS?
4		501 N DUKELAND ST.		E. STREET AND NUM	BER	YES NO
900		BAITO: MD. 21216		1501 N. I	DUKELAND	57.
B	2. 2	6. RACE 7- MARRIED		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yi. If Under 24 His.
2	10A	. USUAL OCCUPATION (Give kind of work 108, KIND OF		9-10-0	7000	
5	don	e during mast of working life, even if refired)	Han	II. BIRTHPLACE (State	or foreign country!	12. CITIZEN OF WHAT COUNTRY?
	13.	Domestic // Vurs.		Baltimo		U.S.A.
2						
5	15. \	John W Thomas Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Elizabet	<u>on</u>	
	(Yes	to or unknown lif yes, give war or dotes of servicel	SECURITY NO.		erine Gray,14	ADDRESS 273 Feiefie St
		18. 7 2 0 0	CAUSE OF DEATH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MATE INTERVAL
,		DISEASE OR CONDITION DIRECTLY			1 001	BETWEEN ONSET AND DEATH
		LEADING TO DEATH 1This does not mean the made at dying, e.g.,	(A) IMMEDIATE CAUS		ie Heart Face	ure
		heart failure, astheria, etc. It means the disease, injury or camplication which caused death.	DUE TO, OR AS A	CONSEQUENCE OF:	7	
		ANTECEDENT CAUSES	Nick	et m	00.0	
		DISEASES OR CONDITIONS, it any, giving	(B) DUE TO, OR AS A	CONSEQUENCE OF:	lllus	**************
		rise to the above cause IAI stating the UNDERLYING CONDITION last.	(c)			
		11	(-/		************************	***************************************
	ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
	CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198. CONDITION FOR W	WICK ORDATION	120.4	************************************	***************************************
	RTIFI	WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CAL	INDINGS CONSIDERED
	U	21A. ACCIDENT WAS UNDERLYING 21B. P	LACE OF INJURY (e.g., in	or obout 21C. WHERE D	OID (If in Baltimore	City, give exact location)
	3	DEATH (notify medical examined etc.)	, form, foctory, street, offic	bidg., INJURY OCCU	J R?	
	MEDI	OF INJURY	INJURY OCCURRED	21F. HOW DIE	D INJURY OCCUR?	
	<	(APPROX.) While	At Work			
	1	22. I certify that (I) (this hospital) attended the	deceased from 7	-20 -	1966 to 9.	-19- 1971
		that (I) (we) last saw the deceased alive an	9-19-	19or	nd that In (my) (eve) apin	lan death occurred an the date
		and haur and fram the causes stated above. (1)	(We) (dld) (did-not) vio	w the bady after de	ath.	
	ľ	FOLD A STORY AND A	O Attend	ling Med.		23B. DATE SIGNED
	1	23 C. PHYSICIAN'S	C DEGREE Phys.	D. ADDRESS	Staff Phys.	9-19-71
		PAME (Type)	23	1/2 = 1		0
	24A.	BURIAL CREMATION, 24B, DATE 24C.NAM	ME of CEMETERY OF CREM	ALORY FOR	mondson 1	Trance
		REMOVAL (Specily)  Burial 9/24/71 MI				, town, or county! (Stote)
	25A.	DATE REC'D BY HEALTH DEPT. 258, NAME OF		25C. FUNERAL DIREC	Baltimore, M	ADDRESS
		SEP 29 1079 R. 4 4 5 3 4		1.21 6.4 (3)	Halstead 1	
1	/5 1	50-REV, 1/1/68				

Came to Duteland N. H from
Midtown N. H. Adm to. Dukeland
7/20/66 Seems to have been
In some NH for at least 545

	ma	0000		10
V	12.	8890	BALTIMORE CITY HEALTH DEPARTMENT	1
7-100		MEDICAL	<b>EXAMINER'S CERTIFICATE OF</b>	DEATH

71	8880
1.3.	TO MAY
	000

BIRTH NO.				D L/ (1111	REG. NO			
I. NAME OF DECEASED	****	O.E.	vn 🔯	Month	Doy	Yeor	Hour	
TOSHIO KA	WABE	DEATH Estim	noted 🖟	Septemb	er 21,	1971	3:30	P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PI FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL ADDRESS OR LOCATION)		3. DATE PRONOUNCED I		Septemb				M.
Baltimore City Hosp	oital	5. USUAL RESIDENCE A. XIXXE Count: Japan	CE (Where o		If institution:	residence b	efore odm	ission)
6. SEX 7. RACE B. MARI	HED NEVER MARRIED	C. CITY OR TOWN		D.	INSIDE CIT	Y LIMITS?		
Male Oriental WIDOW	VED DIVORCED	Tsu City,M	i Pref	,Japan	YE	s 🗌	NO 🗆	
May 8, 1950   10.AGE (In years lost birthdoy) 21	If Under 1 Yr. II Under 24 Hrs. Months   Doys   Hours   Min.	E. STREET AND NU		1091 Oa:	za Tar XXXXX	umi		
ii. BIRTHPLACE (Stote or loreign country)  Japan	12. CITIZEN OF WHAT COUNTRY? Japan	13. FATHER'S NAMI Yoshiaki Ka	awabe					
14A.USUAL OCCUPATION (Give kind of work 148. KINE done during most of working life, even If retired)	OF BUSINESS OR INDUSTR	15. MOTHER'S MAIL	DEN NAMI	Ē				
	pping							
16. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no or unknown) (If yes, give wor or dotes of service	? IZ. SOCIAL	18. INFORMANT	-		AD	DRESS		
	, sedekiii ito.	Terminal S	hippin	g Co.	32 S	outh S	Street	t.
19. E 8 3 8,	CAUSE OF DEA				1111	API	PROXIMATE I	INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heort loilure, osthenlo, sic. It meons the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(8)	AUSE MU. S A CONSEQUENCE C	DF:	injuri	es			
I UNDERLYING CONDITION LAST	(c)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL							
	FOR WHICH OPERATION WA	S PERFORMED	662			21. AUTOF	Yes	or No)
☐ UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hou	22B. PLACE OF INJURY (e.g., home, lorm, foctory, street, office Ship )   22E. INJURY OCCURRED	on or obout 22C. WHE bidg, etc.) INJURY O docked	at Pi	in Boltimore Cli er #1, S JRY OCCUR?	S. Cli	nton	4	01
OF INJURY (APPROX.) 9-21-71 3:30 P.  23.  I certify that I held an Inquiry [		WHILE Subject	ect in	hold of	f ship	and 2	20 tor	ıs
				s basis, dear				
resulted from: Notural causes	Accident X Suicid			ndetermined	monner _	J		
ACTUAL SIGNATURE	Jermateno	ASSISTANT M		AMINER AMINER		-	DATE SIG	NED
EXAMINER'S Charles S. S.	pringate, M.D.	ASSOCIATE MI	EDICAL EXA		Septer	mber 2	22, 19	71
24A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY	r CREMATORY			(City, Iown,	or county)		ote)
Removal 9-23-71 25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF BEOLETIC			okyo			Ja	apan
SEP 23 1971 Page 1 258 N	AME OF REGISTRAR	Wm Cook				1050	York	Road
VS 151-REV- 1/1/68							,	- J - or FT

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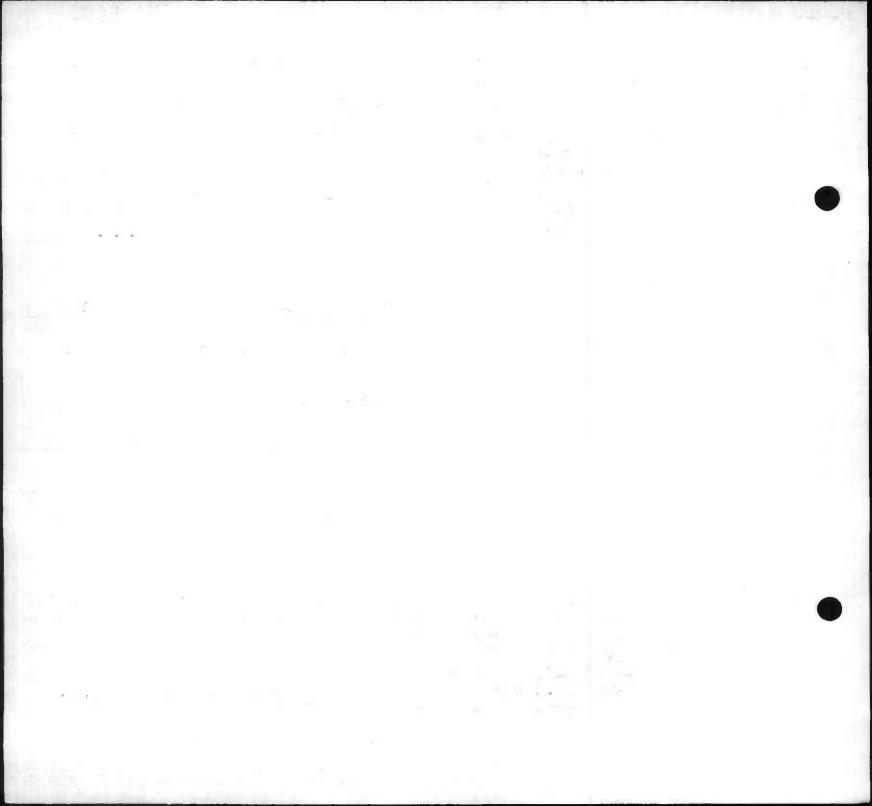
1	CEPTIFICA	THEALTH DEPARTMENT REG. NO. 71 8891
and eath ase th th	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
_ 0 0 5	(Type or Print) Howard Dysart Chisholm	Sept. 19, 1971   10 A
ospita ie of 5) Dec ince o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
hospi ise o (5) D ance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Mass.
	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
l in a ng cau cause; attend ior to	US Public Health Service Hospital	Danvers YES NO
U.= L .	3100 Wyman Parkway	3 Erie Lane
occurre ontribut ermined regular regular sased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. , If Under 24 Hrs.
nntr rmi egu	M WIDOWED DIVORCED	1 10/25/22   28
or condete	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Sales training	11. BIRTHPLA CE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?  Mass. USA
A A S S S S S S S S S S S S S S S S S S	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
irect (4) (4) w	Kenneth Chisholm	Florence Mc Gillvary RAY
ind; ind; eath	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no er unknown) (If yes, give war er dates of service)  SECURITY No.	17. INFORMANT ADDRESS
the the de		Records US PHS Hospital, Balto, Md.
s as if any ced nda	18. 486 × 1/202 2 CAUSE OF DEATH	H APPROXIMATE INTERVAL
E 0 - E 0 D	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dilatonal James Jala
Als re o nou att	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAU	
er. ctu pro lar	hearl failure, asthenia, etc. il means the disease, injury or complication which caused death.)	A CONSEQUENCE OF: pneumonia
fra fra fra err	ANTECEDENT CAUSES	
×an ×an ×h ×h	DISEASES OR CONDITIONS, if any, giving nise to the above cause IA) stating the	A CONSEQUENCE OF:
- A M	UNDERLYING CONDITION last, (C)	***************************************
edical edical burns; (; hysician n was ii	Malignan-	t lymphoma , poorfly
med med bu bu phy an	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL different	tiated lymphocytic type 3 yrs.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  121A. ACCIDENT WAS UNDERLYING TO 121B. BLACE OF INJURY (S. 1.1.)	20A. AUTOPSY? (Yes er No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by a 2) Body 2) Body re the physic fore the	WAS PERFORMED	yes yes
サーンス・カー	OR CONTRIBUTION OF THE OWN TO SEE TH	n er about 21 C. WHERE DID lice bidg., INJURY OCCUR?  (if in Baltimare City, give exact location)
ved by the hospital be nature; (2) ept where eff (6) No pi zined befor zined befor	Death (notify medical examiner)	
0 th d	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Month (APPROX.)	21F. HOW DID INJURY OCCUR?
ov nd nd nd	/ Al Welk	
apping the the the the the the the the the the	22. I certify that (I) (this hospital) attended the deceased from Athat (I) (we) last saw the deceased alive an Sept. 19	ug/ 13 19 71 to Sept, 19 19 71
005-	and hour and from the causes stated above. (1) (We) (did) (did not) vi	19 71 and that in (my) (our) opinion death occurred on the date
dent deat deat must	23A/5IGNATURE	lew the body after death.
- V	Rowert Sellwe an MD ang After	nding Med. Shaff E
0 - 8 >	23C-PHYSICIAN'S	3D. ADDRESS
certificate m body was rel vs: (1) An acc b.O.A. at a assed prior to	Robert E. Belliveau, Surg (R)	US PHS Hospital, Balto, Md.
音をCOBE	REMOVAL (Specifyl 24B. DATE 24C, NAME el CEMETERY et CRE	MATORY 24D. LOCATION (City, fown, or county) (Stote)
ws: (bod ws: D.C	BURGE /ROMANE 80-28 JOST 11 MT. WOLLASTON C	
This certife the body shows: (1) was b.O. deceased written appropriate the contract of the contract of the certification of the certifi	SEP 23 1971 GALLES C. MAME OF REGISTRAR	25C. FUNERAL DIRECTOR / FC ADDRESS
	VS 150-REV. 1/1/68	Backo Ro Tiza / Peterson F. H. MASS-



a hospital and

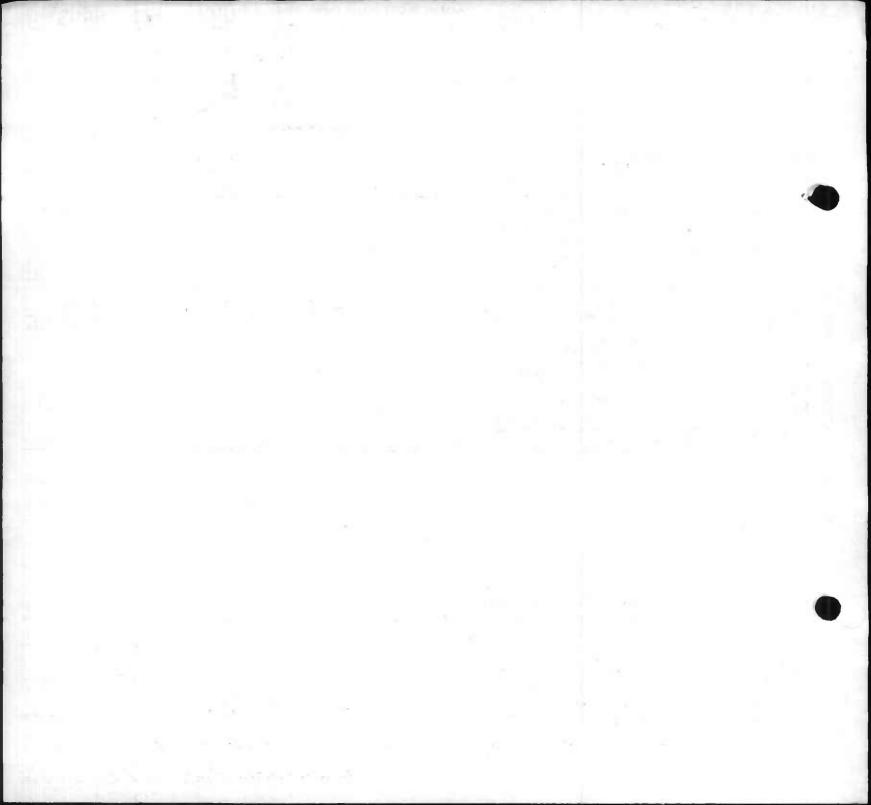
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

abl	1/	11 051	Y HEALTH DEPARTMENT X REG. NO. 71 8892
Such	BIR 1. N	TH NO.  IAME OF DECEASED  Pro of Print)  Irene Catherine Wiesner	2 DATE AND HOUR OF DEATH 9-18-1971 9.20 P
	3. 1	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
attendance o ior to death.	Fü	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Baltimore
Itend	IN:	Baltimore City Hospitals	C. CITY OR TOWN  DO NO PALK  YES NO ME
la e		3 4940 Eastern Avenue 21224	3432 Louth Road 21222
gula red mad	5. S	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years last birthday) II Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
5 00 5	104	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	
n the dec		e during most of working life, even if refired)  MED. OFFI CE	Maryland U.S.A.
was the position	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
isp		Harry Smith	Emma
death ice on	15. (Yes	Was Deceased Ever le U. S. Armed Forces? s,no erunknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
E 45		NO 213-84-6579	Records:BCH-4940 Eastern Avenue 21224
popula		18. 4//0 , A CAUSE OF DEA	BETWEEN ONSET AND DEATH
pronounced of lar attendance		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)MMEDIATE CA	USE CANdiaz Annest 11/2 hs
ar a baim		This does not mean the mode of dying, e.g., heart failure, aethenia, etc. It means the disease,	A CONSEQUENCE OF:
gular emba		injury or complication which caused death.	Myo candial Inspuetion
who reger		ANTECEDENT CAUSES  (B) Hours	S A CONSEQUENCE OF:
E 0		rise to the above cause (A) stating the	
IS ii		UNDERLYING CONDITION lost. (C)	
physician an was in remains	NOT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
the the	CERTIFICATI	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED  OPERATION	20A-AUTOPSYT (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
900	AL CE	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bidg, INJURY OCCUR?
3 (9) P	MEDI	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not Wh	21F. HOW DID INJURY OCCUR?
D G		22. I certify that (i)(this hospital) attended the deceased from	SEPT 18 1971 10 SEPT 18 1971
3.0		that (1) (we) last saw the deceased alive an SelTis 9:15	19 and that !((my) (our) opinion death accurred on the date
ath at		and have and from the causes stated abave. (i) (Ne) (did) (did not)	
hospital (e to death); al must be o		23A. SIGNATURE AND. DEGREE	tending Med. Shoff 9/18/7
d prior		23C. PHYSICIAN'S Michael L. Karpf, NAME (Type) Michael L. Karpf	23D. ADDRESS 4940 Eastern Avenue, Baltimore, Md.
Pd D	24/		REMATORY 24D. LOCATION (City, town, or county) (State)
D.O.		BORIAL ROJEPT 71 HARKWOOD CE	METERY BALTO, CO., WD.
was D.O.A deceased written ap	25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
202	-	SEP 23 1971 28. 48 30 2 20 1	NUM FORTH TORPEL HOUS, DUNGALK, MD2122



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is mado.

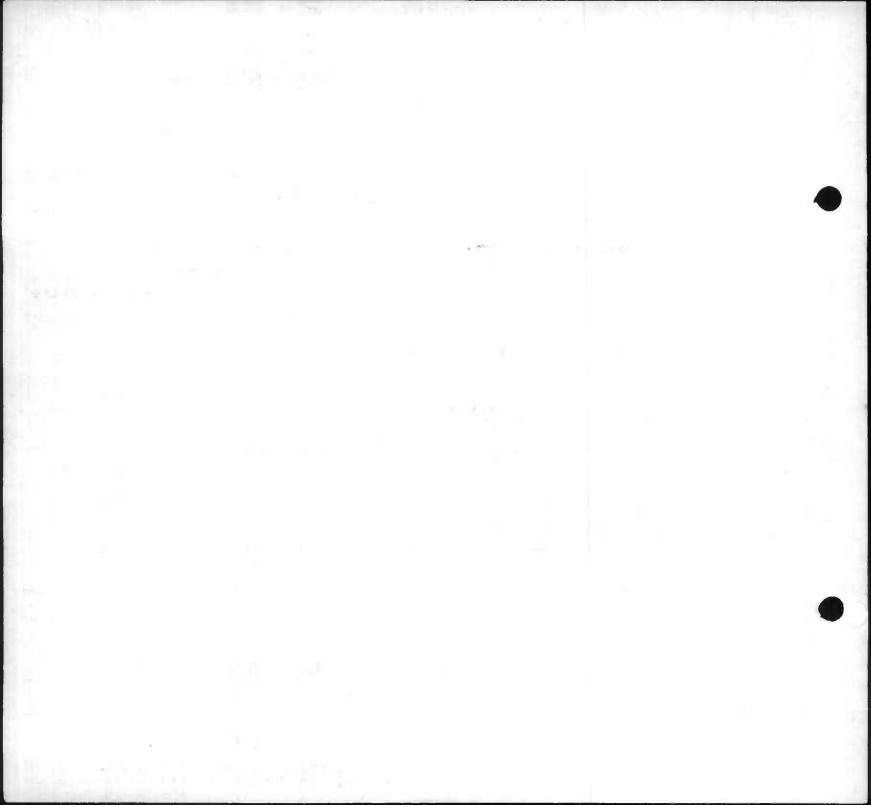
E-520 71 8893 CERTIFICATE OF DEATH & REG. NO. 71								000	12			
BIE	Ja	0	71	889	3	CERTIFICA	TE OF DEAT	H / '	REG. NO		000	90
1. N	AME OF DEC	Edi	Vivia	V. Ec	viv	19	2.04	H P	OF DEATH	10	30	Am.
3. F	LACE IN BAL	TIMORE, A	ARYLAND,	WHERE PRO	HOUN	CED DEAD		OUNTY	ad lived. If in	stitution; resi	dence before	e odmissian)
HO	LL NAME OF	(IF NO	OT IN HOSP	(NOITAC		ION, GIVE STREET	Md. Balto.					300
TSaltimore Gly 110spitals							DUNDAL	R		YES 🗐	NO	6
	4940 Ea Baltimo		Ayeny				E. STREET AND NUMBER ( ) S 21222 005					
5. S		6. RACE		7- MARR	ED	NEVER MARRIED	S. DATE OF BIRTH	9. AGE		If Under 1 Months: D	Yt. If U	nder 24 Hrs.
	Male	l	Ohite	WIDOW	/ED [	DIVORCED [	3/14/24	lost bigh	F.			
	during most of					T. AUTHOLITY	11. BIRTHPLACE (SING OF	foreign count	(4)	US.	OF WHA	T COUNTRY?
13. (	FATHER'S NA	Spermann, D.					14 MOTHER'S MAIDEN NAME					
		FOUN	Sin Ec	UING			Mary Insley					
15. V	Was Deceased	Ever in U.	& Armed F	orces? des of service	el la	& SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern Avenue RESS					
4	de at allkuewu		WI			216-16-3784	BCH-Records		Lmore, Ma			24
	18. 5 7	1.0	1			CAUSE OF DEAT	1				APPROXIMAT	E INTERVAL
	DISEA		NOITION D				SE GI Bleeding 18 Was					
	(This does s	of mean	the mode o	of dying.	P. C.	(A) IMMEDIATE CAL	SE CA L O ROOM	2000		-	10 10	00
	heart failure,	asihenia,	elc. It mean	s the dise	ise,			, 0		,	Λ 0	
	ANTECEDENT CAUSES Probable explication which caused death)  ANTECEDENT CAUSES  Probable explication which caused death)											nasas
	DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF											
	rise to the			) sialing	the	(c)						
	UNDERLYING CONDITION last. (C)											
CERTIFICATION	OTHER SIGNIE TO THE DEAT DISEASE OR C	H BUT NO	TRELATED TO	THE TERMIN	NG IAL	40000-0						
TIFIC/	19A-DATE OF		N 198, CO		OR WI	HICH OPERATION	20A AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES					D
1	OR CONTRIBUTING CAUSE OF home.					LACE OF INJURY (e.g., i form, factory, street, o	or obout 21C, WHERE Difice bidg.	ID K?	(II in Ballimor	e City, give	exact locatio	n)
MEDICAL	21D. TIME	(Month)	(Doy) (Yea	i) (Houd)	21 E, 1	NJURY OCCURRED	21F. HOW DIT	INJURY OC	CUR?			
8						While At Not While At Work						
22. I certify that (I) (this hospital) attended the despased from 19 31 t										1		197
	that (1) (we) last sow the deceased alive on 9 (9 19 7) and that in (my) (our) opinion death occurred on the date											
	and hour and from the couses stated obave. (1) (We) (did (did not) view the bady after death.											
	23/4 SIGNATI	The The	m 2	0	1					23B. DATE	SIGNED	
	MACH	63W0	MAGN.	Wh &	1	DEGREE Phy	nding Med. Director	Staff Phys.	ł	9-	-19-71	
	NAME (Type)  NAME (Type)  NAME (Type)  NAME (Type)  PGH  Raltimore Md. 21224											
24/	BURIAL CR	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (State)										
	BOKIA.		12597	41	DAN	e LAWN @	WETERY !	BALTA	Co. 1	100-		
11	SEP 2			258. NA		REGISTRAR	25C. FUNERAL DIRE	-000	House	Durcha	ADDRESS	5 71277
VS	150-REV. 1/1/			-1				- 100 -1110	12	, o o , jng		



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occurred

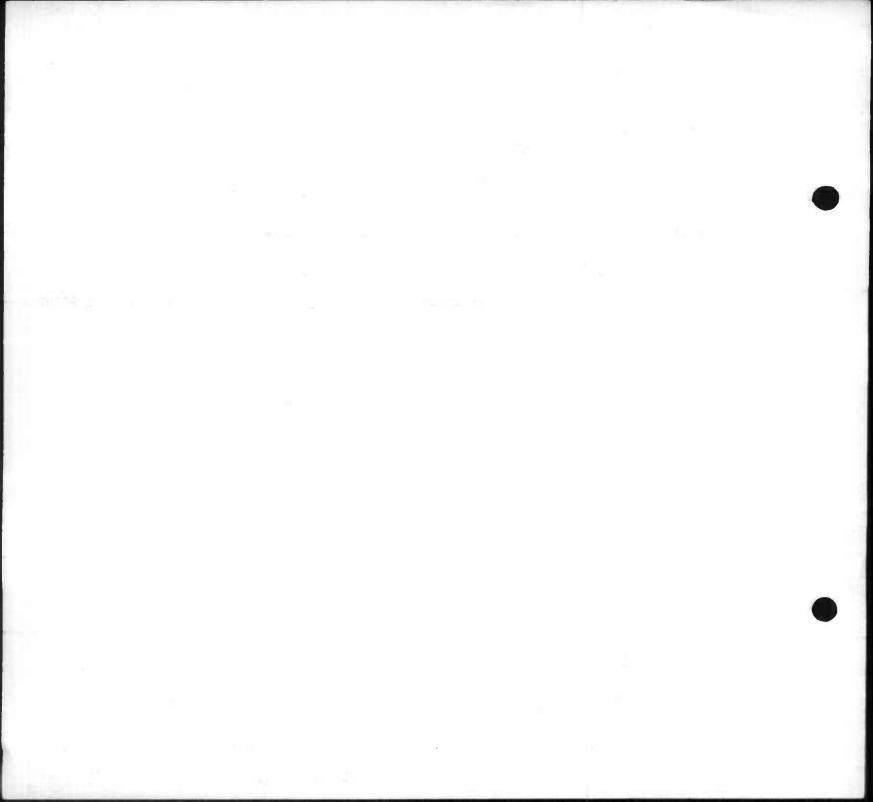
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such Deceased BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 81 death. 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY ance A. STATE MD cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C.CITY OR TOWN
BALTIMURE D. INSIDE CITY LIMITS? (4) Undetermined cause; attend 0 HUSPITAL RUM HOME O NO prior E. STREET AND NUMBER or contributing CURLEY regular disposition is mad 5. SEX 9. AGE (In yours 6. RACE & DATE OF BIRTH Il Under 1 YL. If Under 24 Hes. 7- MARRIED NEVER MARRIED deceased Doys lost birthoay Hours 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ξ done during most of working life, even if retired) AMERICAN BALTIMURE Was the 13. FATHER'S NAME Wrbanka or final dis unknown eath 15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dotes of service) ADDRESS 6. SOCIAL SECURITY NO. 7. INFORMAN E. Hisley, son, Berkshire attendance 12-18-9 A) IMMEDIATE CAUS DUE TO, OR AS A any APPROXIMATE INTERVAL pronounced 31(DVAGINA) BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of RECTURACINAL FISTULA LEADING TO DEATH (This does not mean the mode of DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means he disease, injury or complication which caused doesn.) regular who ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: any d obtained before the remains are giving DISEASES OR CONDITIONS, if to the above cause (A) UNDERLYING CONDITION lost physician Was medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL 1012/21 No physician DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 119R CONDITION FOR WHICH OPERATION WAS PERFORMED WAS 1 WAL 1 WAL 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) the NAGINAL 7/574A 218 PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) (If In Baltimore City, give exact location) where to the hospital MEDICAL any nature; HEME 9 (Day) (Haud 21F. HOW DID INJURY OCCUR? OF INJURY Not While approved (except While At (APPROX) pup Al Work Work 22. I certify that (1) (this hospital) attended the deceased from death); eq that (1) (we) last saw the deceased alive an and that In (my) (our) opinion death accurred on the date hospital accident of the body was released shows: (1) An accident and hour and from the causes stated abave, (i) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 & DATE SIGNED Attending Med. Staff Phys. 10 Phys. pproval 8 23D. ADDRESS 23C. PHYSICIAN'S prior 40 NAME (Type) O.A. 24A. SURIAL CREMATION. eceased REMOVAL (Specify) d Burial 9/22/71 Oak Lawn Cemetery Baltimore, Md. Was 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. R. Beat 70 V\$ 150-REV. 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

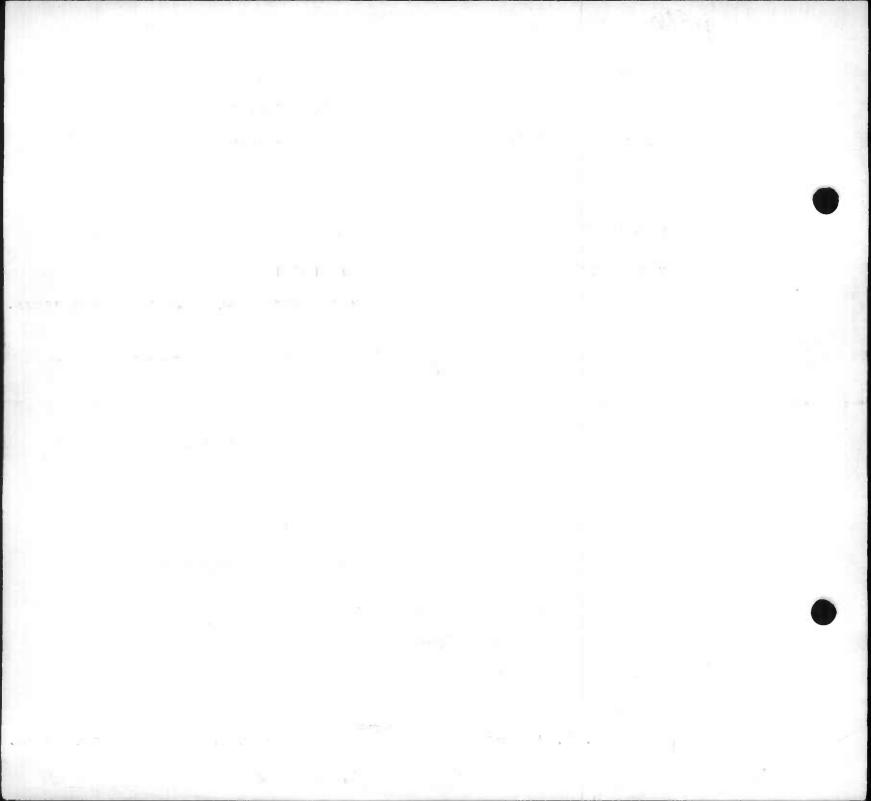
	2-011		05		BALTIMORE CITY	BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  REG. NO			2005		
B	RTH NO.	71	8895		CERTIFICA				71 8895		
1.	NAME OF DEC	EA SED					AND HOUR OF DEAT	Н			
		MRS. AURE		BUSI			Se46 20	12/1	A.		
3.	PLACE IN BAL	IMORE, MARYLA	AND, WHER	E PRONO	UNCED DEAD	4. USUAL RESIDENCE (		institution: re	esidence belore admission		
H	JLL NAME OF	(IF NOT IN ADDRESS O	HOSPITAL O	R INSTIT	UTION, GIVE STREET	MARYLINND			7807		
I	4402 S	PRINGDALE	ROAD			BALTIMORE	D. II	NSIDE CITY LI			
L		RE, MARYI		1207		E. STREET AND NUMBE	R	YES X	ио 🗌		
C.	1					4402 SPRINGDALE RD.					
5.	SEX	6. RACE	7. N	ARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under	1 Yr. If Under 24 Hrs. Days Hours Min.		
10	F.M.	WHITE		DOWED		APRIL 3, 0	0 03				
do	ne during mast of v	rorking life, even il	retired)	KIND OI	BUSINESS OR INDUSTRY	11. 81RTHPLACE (State or	fareign countryl	12. CITI2	EN OF WHAT COUNTRY?		
L	HOUSE W		F	OME I	MAKER	PLEASANTVILL	E-N.J.	U	I.S.A.		
13	FATHER'S NAA	AE				14. MOTHER'S MAIDEN	NAME				
	FREDERI	CK F. I	PARSELI	S		ALICE F. SNELL					
15. (Y∈	Was Deceased s, no or unknown)	Ever in U. S. Am (If yes, give war	ned Ferces? or dotes of	Ferces?   1 6. SOCIAL   SECURITY NO.		17. INFORMANT			ADDRESS		
	NO	NONE			213-28-4460	JAMES H, BUS	HBY 4402 Sp	ringdal	e Rd. 21207		
Г	18. 4/2	-31			CAUSE OF DEAT	H		1.	APPROXIMATE INTERVAL		
	DISEAS		SETWEEN ONSET AND DEATH								
		LEADING TO D		а. е.а.	(A) IMMEDIATE CAL		east disea	12			
	heort failure, c	sthenio, etc. It	meons the	diseose.	DUE 10, OR AS	A CONSEQUENCE OF:					
		NTECEDENT CA		114		Mb mile		- 1			
		R CONDITIONS		aivina	(B)	A CONSEQUENCE OF:	1212-				
	rise to the	obove couse	(A) sioli	ng the		A GONSEQUENCE OF:					
	UNDERLYING CONDITION lost. (C)										
N	OTHER SIGNIFIC	II CANT CONDITION	US CONTRIE	UITING							
ATION	TO THE DEATH	BUT NOT RELATE	D TO THE TEL	MINAL	*****************	******					
CERTIFICA	19A- DATE OF	OPERATION 198	CONDITION AS PERFORM	N FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WER	E FINDINGS AUSES OF D	CONSIDERED EATH?		
AL CE	21 A. ACCIDEN OR CONTRIBUT	T WAS UNDERLY	YING T	21 B.	PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DIE fice bidg., INJURY OCCUR	(If in Boltim	ore City, give	exact lacation)		
CA		medical examined		etc.)							
MEDIC	OF INJURY	(Manthl (Day)	(Yearl (Ha		INJURY OCCURRED		NJURY OCCUR?				
~	(APPROX)  While At Not While At Work										
	22. I certify t	hot (1) (this ho	19to		19						
	22. I certify that (I) (this hospital) attended the deceased fram										
	and have and from the causes stoted above. (1) (We) (did) (did not) view the bady after death.										
	23A. SIGNATUR	E A/	-	11	0			23B, DATE	SIGNED		
	Med. Staff Director Phys.								1/21/71		
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS										
	DR.	NATHAN E.				6506 Park Hgt	s. Ave. Balt	imore N	d.		
24/	BURIAL CREM	ATION, 248, DA	ATE	24C. NA	ME el CEMETERY er CRE			City, town, or			
	BURIAL	9/23		WOO	DLAWN CEMETERY		WOODLAWN, BA	LTIMORE	CO. MD.		
25/	SFPES	HEALTH DEAT	25B.		F REGISTRAR	25C. FUNERAL DIRECT		TDECES	ADDRESS		

87280 HERTY ROAD RANDALISTOWN VS 150-REV. 1/1/68

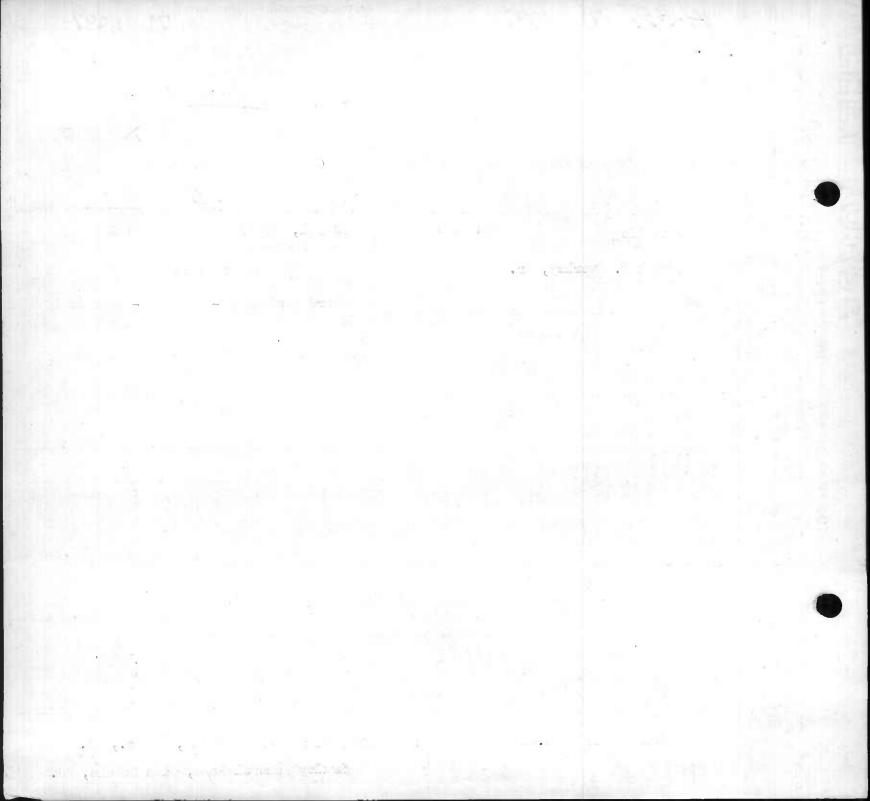


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	1	N-620 71 8896		HEALTH DEPARTMENT	REG. NO.	74 0000						
	BIR	TH NO. WILLIAM County	CERTIFICA	TE OF DEATH		0000						
		pe or Print) ANDREA MORSE		2. DATE AND HOUR OF DEATH								
	3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (Where deceased lived if institution recidence before educated								
	HC	LL NAME OF STITUTION ADDRESS OR LOCATION)  LL NAME OF ADDRESS OR LOCATION)	, GIVE STREET	PENNA FULTON V-35								
	ĺ	JOHNS HOPKINS TELLEN HOSE	OTTAC	C. CITY OR TOWN  UAR FORDS BURGE  YES NO X								
	3	3601 N BROADWAY		E. STREET AND NUMBER								
9				RT #1								
	5. 5	F WIDOWED N	DIVORCED	6/2/7/	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
5	don	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSI  e during most of working life, even if refired)	NESS OR INDUSTRY	11. BIRTHPLACE (Slote or fore  MARYLAN		12. CITIZEN OF WHAT COUNTRY?						
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
		ROY E MORSE		JANICE I H	HANN							
	15. Yes	5.00 of unknown) (If yes, give wor of doles of service)	OCIAL ECURITY NO. ONE	17. INFORMANT ROY E MORSE F	ADDRESS FORDSBURG PENNA							
;		18. 576.01	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH										
		This does not mean the mode of dving, e.g.,	(A) IMMEDIATE CAUS	CARDIORESPIR	ST 45 MIN							
		heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)										
		ANTECEDENT CAUSES	IRI SEF	TICEMIA	4 DAYS							
		DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	**************************************	*******************************						
2		UNDERLYING CONDITION losi.	(c) VESICO	OUTESTINAL	FISSURE	BIRTH						
	ĔΙ	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL										
	S	DISEASE OR CONDITION GIVEN IN PART I (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? IYos or No	DINGS CONSIDERED							
	CERTIFIC	21A. ACCIDENT WAS UNDERLYING 21B. PLAC	REPAIR	YES	10 CERTIFYING CAUSE	ES OF DEATH?						
	EDICAL C	City, give exoct location)										
3		21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU	RY OCCURRED	21F. HOW DID INJ	URY OCCUR?							
		IAPPROX.) While At	Not While			4						
		22. I certify that this hospital attended the dec	ceosed from	6/2	9.71 to 9/	19 7/						
		that (1) iast sow the deceased alive on 9/19 19 7/ and that in my opinion death occurred on the date										
		and hour and from the causes stated above. (1) (We) (Cid) (We) view the bady after death.										
	23A. SIGNATURE											
		Baul John Stelle MD DEGREE Phys. Attending Med. Director Phys. 9/19/71										
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS											
	244	BASIL JOHN ZITELLI M. BURIAL CREMATION, 124B. DATE 124C. NAME 0	O DEGREE	601 N. BRO								
		REMOVAL (Specify) Q 22 71 CERAR CROVE										
	25A	BUR IAL  DATE REC'D BY HEALTH DERT.  258. NAME OF REC		25C. FUNERAL DIRECTOR								
		SEP 23 1971 Jacks L. 19442, 7	4000	A DIRECTOR	Lu. a Li	ADDRESS MAL						
I	/5 1	150-REV. 1/1/68		1/ Husua f	HAVE TR	mon 10 110						

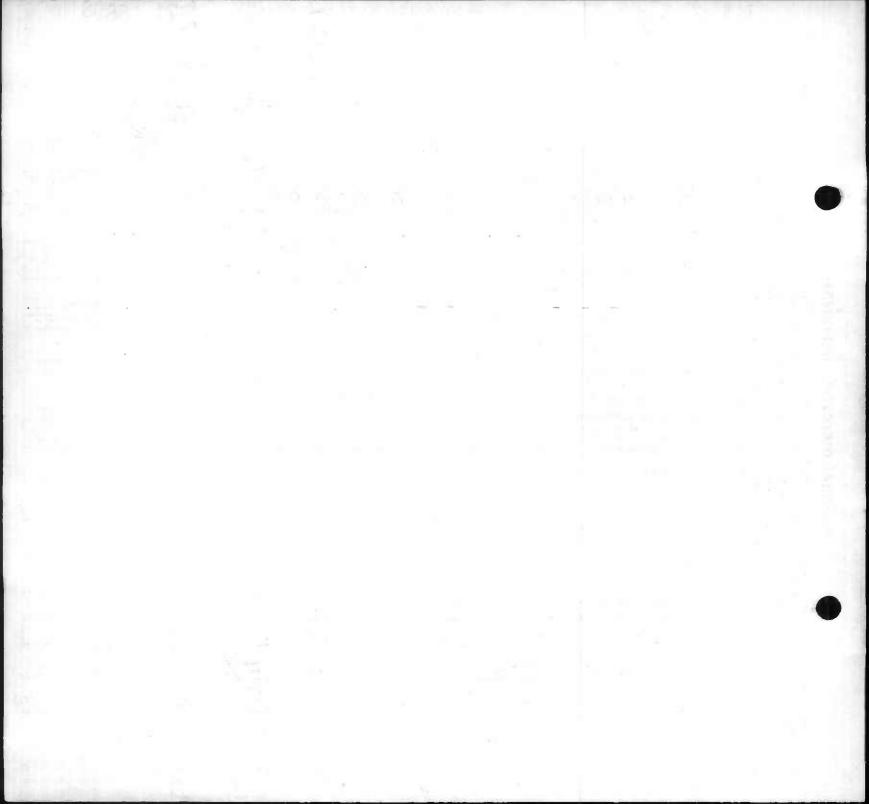


BALTIMORE CITY HEALTH DEPARTMENT REG. NO. ERTIFICATE OF DEATH and ing cause of death cause; (5) Deceased Such BIRTH NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) no d hospital eath. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET **FULL NAME OF** HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN D. INSIDE CITY LIMITS? attend 0 0 NO X 7/cn E. STREET AND NUMBER prior contributing 700 etermined SAMARITAN made regular 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Hours Min. MARRIED NEVER MARRIED deceased Months Doys Hours lost birthdoy WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12, CITIZEN OF WHAT COUNTRY? disposition done during most of working lite, even if retired) Unde Own Home Laurel, Maryland USA OF Housewife SD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the (4) Frank M. Everbey. Leona Howard eath 0 15. Was Deceased Ever in U. S. Armed Forces kind; ADDRESS 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ance Edward Heatherly - Husband - same as 4 no any APPROXIMATE INTERVAL pronounced CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH attend or his DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH ssewing (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF fractur heart failure, asthenia, etc. It means the disease, chief medical examiner ular injury or complication which caused death. ANTECEDENT CAUSES who 0 DUE TO, OR AS A CONSEQUENCE OF 9 are DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the physician UNDERLYING CONDITION last. mains Was Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING, CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! the O WAS PERFORMED before the 3 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21) . WHERE DID (If In Boltimore City, give exact location) where home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF to the hospital °N DEATH (notify medical examiner) nature; MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work ond any 22. I certify that (1) (this haspital) attended the deceased from 11 that (I) (we) last saw the deceased alive on and that In(my) (aur) apinian death occurred an the date be of hospital death) and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must accident 23A. SIGNATURE 23 B. D74 SIGNED was relea Attending D Med 0 Director L Phys. approval O 23C. PHYSICIAN'S 23D. ADDRESS certificate prior 40 NAME 20 4 EREMATION deceased the body 0.0 REMOVAL (Specify) written shows: Burial 23 Sept. 71 Glen Haven Memorial Park Glen Burnie Was BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE Funeral Home, Glen Burnie, Md. VS 150-REV. 1/1/68



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	0				BALT	IMORE CITY	HEALTH	DEPARTMENT		7	1	8898	
	-65C	)1	8898		CE	RTIFICA	TE O	F DEATH		. NO			
	AME OF DECI	PA R	コリェ	. 4	116 5	OV			SS:	P M	1	9/20/	7/ m.
3, 1	LACE IN BALT	MORE, M	MAMLAND, W	HERE PRON	OUNCED DEA	ND D	A. STATE	L RESIDENCE (Who		lived. II ins	titution: re	sidence before ad	mission)
FU HO INS	LL NAME OF	(IF NO	OT IN HOSPIT.	AL OR INST	ITUTION, GIV	E STREET	C. CITY	RIOWN	OOD'S	# 21 D. INSIE	DE CITY LI		0.1
+	UN10	N	MEA	40 R/	4 C F	HOSP.		Baltimor TAND NUMBER & W 36 <sup>73</sup>	ot.		YES 📈	ио 🗌	
5. S	EX	6. RACE		7. MARRIE	NEVER I	MARRIED	& DATE		9. AGE (In	years	If Under	r 1 Ys. II Under Doys Hours	24 Hrs.
	M	WI	rite	WIDOWE	the state of the s	VORCED 🔀	10.			66			
	USUAL OCCU			108 KIND	OF BUSINESS	OR INDUSTRY	11. BIRTH	PLACE (State or for	riga country)			ZEN OF WHAT C	OUNTRY?
	lachine			C. I	M. Kemp	o Co.	1	Paryla	mal		U.	S.A	
13.	FATHER'S NAA	AE					14 MOT	HER'S MAIDEN NA	ME,				
	200	A	Hand	110-			1.77	raque	Kee	100	,		
15.	Was Deceased	Ever in U.	S. Armed For	ces?	16. SOCIAL	TY NO.	17. (NFO	MANT	0	,		ADDRESS	
	No	-		0 0 00 00	215-0		Mrs	. Leanna	Spin	ks 72	08분	Harford	Rd.
	18. 14 6	.0	1			SE OF DEATH	<u> </u>		•			APPROXIMATE IN	TERVAL
			NDITION DI	RECTLY				1		$\sim$			
	range with an area.		the mode of	dvina.	(A)!	MMEDIATE CAU		spikatine	7	relus	unu	2	
	heart failure, Injury or com	asthenia.	etc. It means	the diseas	e,	Abd wind	ACUNSEL	OEACE OF	4000:	- W	ita		
		•	ENT CAUSES		*	8 bother	uct-	torn		3 .0			
			OITIONS, IF		(B)	UE TO, OR AS	A CONSE	QUENCE OF:	*****				
	rise to the	above	cause (A)		16								
	UNDERCING	CONDI	III		(c)_								
CATION	OTHER SIGNIF	H BUT NO	I RELATED TO T	HE TERMINA	3 L							****	
2	DISEASE OR CO		N 119% CON	DITION FO	WHICH OPE	RATION /	20A./	UTOPSY? (Yes or N	o) 208 IF Y	ES, WERE F	INDINGS	CONSIDERED DEATH?	
ERTIF	04 mos	, ag	O Abdo	roinal	Carci	nomala	i		IN CERTI	FIING CAL	JSES OF	DEATH?	
CAL CE	21A. ACCIDEN OR CONTRIBU DEATH (notify	TING (C	AUSE OF	- Ik	IB PLACE OF ome, farm, foo ica)	INJURY (e.g., i clary, street, of	n or about fice bldg.	21 C. WHERE DID INJURY OCCUR?	(16	in Boltimore	City, giv	e exact lacation)	
0	21D. YIME OF INJURY	(Month)	(Day) (Year)		E INJURY O			215. HOW DID IN	JURT OCCU	R?			
8	(APPROX.)			1	White At	Not While At Work	° 🗆						
	22. I certify	that (1) (	this hospita	l) attended	the decease	ed from	Deinta	where 20	19 71 10	0	13t	20 19	7/
	that (1) (we)	last sow	the decease	d alive o	Rel	At. 20	19	71 and t	hat In (my)	(our) apir	ilan dea	th accurred on	the date
								body after death.	,				
	23A. SIGNATU	RE 1	10			1555					238, DAT	E SIGNED	
		(2)	1 x luci	1		DEGREE Phy	inding	Med. Director	Staff Phys.		De	let. 20	1971
	23C. PHYSIGHA NAME (T	W S			(2)		23D. ADD	_	00	,	4 /		11 11 1
	RONA	LDO	SA	NTOS	CAR	NEI KO		33 Rol 9	C Ca	(ver	7 "	Oto Du	to-Md
24/	REMOVAL	MATION, Specify)	248 DATE			METERY of CRI		24D.	LOCATION			or county)	(State)
	Buria	1	9/24/					(Hampder		1 time	re,	Marylan	d
25	SEP 28	40594	Page A	258. MAM	Sey X A	() ()		noven Fu		Home	3818	ADDRESS 8 Roland	Ave
VS	150-REV. 1/1/	68		*									



#### IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

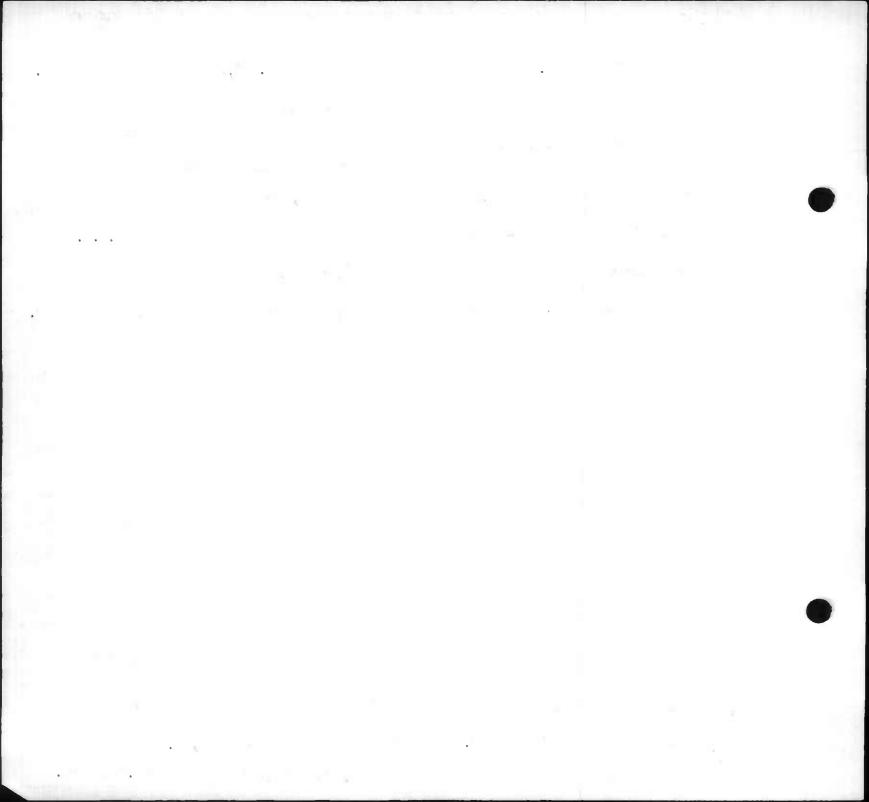
B-40071 8899	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	( )4	8899
AME OF DECEASED  Be or Printly BALL HE	RSHAIN DIEN 2. DATE	AND HOUR OF DEATH	. 4

R	IRTH NO.	CERTIFICAT	E OF DEATH	X REG. NO. 71	8899
1	NAME OF DECEASED			ID HOUR OF DEATH	
110	ype or Print BALL HERSH	ALX D	VIEN G-	7 / T	· 4.100
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	re deceosed lived, If inst	ilution: residence before admission)
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	I, GIVE STREET	Maryland	Ball	to 5300
ıdb	Asimonor - Car	1	C. CITY OR TOWN		E CITY LIMITS?
H	N. CHARLES GESV. H	08pipe	E. STREET AND NUMBER		YES U NO
	SEX & 6. RACE , 7. MARRIED TO		FOREST HA	KED NURS	ina Homa
113	6. RACE 7- MARRIED N	EVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years lost birthday)	If Mnder 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
1	WIDOWED	DIVORCED	11- 21/-12	17	7,000
de	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSI	NESS OR INDUSTRY 11	BIRTHPLACE (State of forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	ElECTRICIAN GENER	91	OHTE K	1/	
113	FATHER'S NAME	14	MOTHER'S MAIDEN HAN	ŊĒ.	
	Bud Ball		? MARU	Shelton	/
15		OCIAL 17	· INFORMANT	211011014	ADDRESS
	\\\-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3-05-8528	Has nit 1	200 /	
	18.4/12-4	CAUSE OF DEATH	h nespitat	Record	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		Papinon	6	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the made al dying, e.g.,	(A) IMMEDIATE CAUSE	170000000		
	heart failure, asthenia, etc. It means the disease	DUE TO, OR AS A C	ONSEQUENCE OF:		***************************************
Ш	injury ar camplication which caused death.)	1 CP	11D & C	1 - 1 -	
Н	ANTECEDENT CAUSES	(B) 7	UD a Col	rdayen	euse.
	DISEASES OR CONDITIONS, it any, giving rise to the abave cause (A) stating the	DUE TO, OR AS A	CONSEQUENCE OF:	//	*******************************
	UNDERLYING CONDITION last.	(c)		C	
z	11				
1 2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
5	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	120A AUTOROUT (V ALT	000 10 40	
ERTIFICATION	WAS PERFORMED	OPERATION	20A. AUTOPSY7 (Yes or No.	208. IF YES, WERE FIN	DINGS CONSIDERED
	21A. ACCIDENT WAS UNDERLYING 21B. PLAC	E OF INJURY (e.g., in o	r obout 21C. WHERE DID	III In Boltimore C	lty, give exoct location)
₹	DEATH (notify medical examiner)   home, form	n, foctory, street, office	bldg. INJURY OCCUR?	hi in politilote C	my, give exoct locotion)
	21D-TIME (Month) (Doy) (Yeos) (Hour) 21E INJU	RY OCCURRED	21F. HOW DID INJU	IDV OCCUPY	
\( \bar{\pi}	(APPROX.) While At	Not White		RT OCCUR!	
1	Work	☐ At Work L			
1	22. I certify that (I) (this hospital) attended the decthat (I) (we) last saw the deceased alive an	ceased fram	9-14-7/19		2/- 7/19
1	·	1 - 1 -	19/and tha	t in (my) (aur) apinia	n death occurred on the date
П	and haur and from the causes stated above. (I) (We)	(did) (did nat) view	v the body after death.		
	Va land	Attendir	ng Med. 🖂 S		B. DATE SIGNED
	23G.PHYSICIAN'S	(A DEGREE Phys.	☐ Director ☐ P	hys.	9-21-11
	23C. PHYSICIAN'S NAME (Type) Dr. Damiel Wilton - MD	23 D.	Negti.		
24	A. BURIAL CREMATION, 24B. DATE ( 24C. NAME of REMOVAL (Specify)	DEGREE /		CATION (C)	and a country
	Burial 9-24-71 Rose	1	,		own, or county) (Stole)
25	A. DATE RECIDEN HEALEN DET . DETE NAME DE REA	SMAR O	Phend El	Incoll City	ADDRESS
1	JEP 23 19/1 Valend C. Marines,	T. 0 0 0	11 4/1	11 6 1	Ellus Trale por

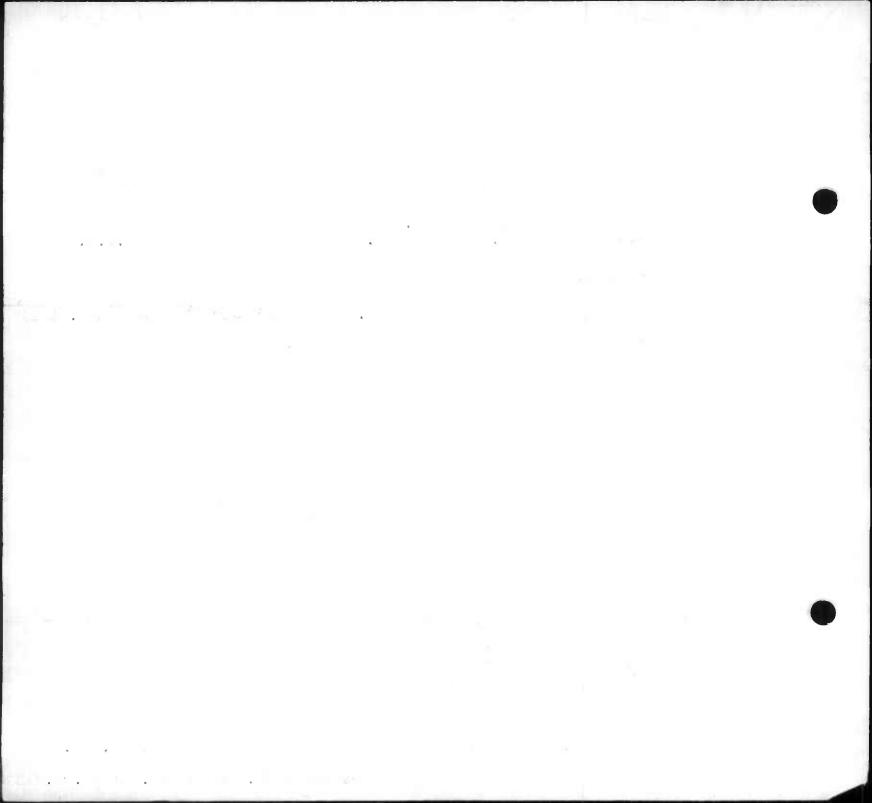
Adm. 12/2/70 to N.H. Unable 10 oblava Fiel Add.

d.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH death (5) Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 Sept. 19,1971
4. USUAL RESIDENCE (Where deceased lived, II institution: residence before hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE & COUNTY cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maruland etermined cause; 0 C. CITY OR TOWN D. INSIDE CITY LIMITS? ltimore YES 🗖 NO 1462 Stevenson Street prior contributing E. STREET AND NUMBER 1462 Stevenson Street made. regular 5. SEX 9. AGE (In years lost birthday) 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. deceased t emale WIDOWED DIVORCED disposition is 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) (4) Und Housewile Maryland Was 13. FATHER'S NAME John Wilder mma Haues death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service) 6. SOCIAL ADDRESS or final SECURITY NO. attendance argaret West tevenson Street any 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the the physician UNDERLYING CONDITION lost. the remains the chief medical Was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY7 (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED U WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before to the hospital by any nature; (2) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where (If In Boltimore City, give exact location) Ŷ MEDICAL DEATH (notify medical examined approved by obtained 21D. TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX) and At Work 22. I certify that (1) (this hospital) attended the deceased from 99 that (1) (we) lost sow the deceased olive an ond that in(my) (our) opinion death occurred on the date of hospital death) and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 238, DATE SIGNED Attending 1 the body was rele 0 deceased prior to written approval Director O 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS at S HANOVER STREET I226 BAL, MD 21230 DR HARRY DEIBEL D.O.A. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) shows: Balto.National (emetery Baltimore, Md. T. 25R NAME OF REGISTRAR Was 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Fineral Home 130 E. Fort Ave.

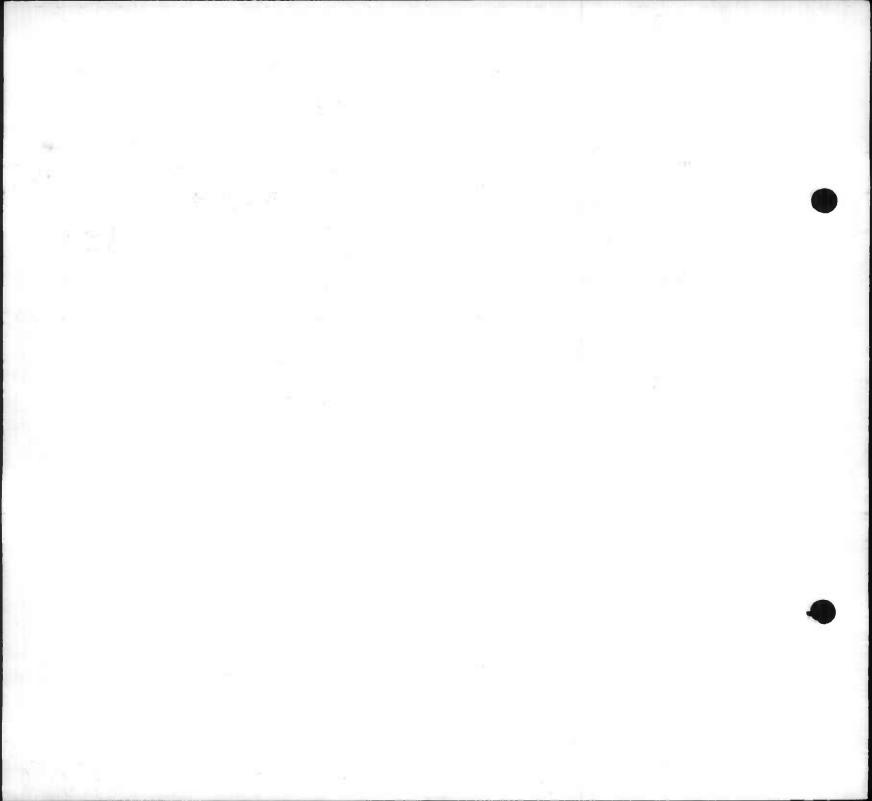


	4-3-7 / Julia	TE OF DEATH REG. NO. 71 8901
	I. NAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH
	Aten, Gorge E.	Sept. 19,1971 8:05 Pm.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission)  A. STATE  B. COUNTY
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  NSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
4	South Baltimore General Hospital	Baltimore YES NO
15	SEX 6. RACE 7. SEA PRICE TO	1020 Riverside Ave. 21230
	Male W. WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors of the property of the prope
	OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OF INDUSTRY one during most at working life, even if refired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
115	License Reviewer   Dept. of Motor V	e. Baltimore, Md. U.S.A.
'	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Frank. Aten	Ida Mills
0	5. Was Deceesed Ever in U. S. Armed Forces? (es, no or unknown  Ul yes, give wor ar doles of service) 1 6. SOCIAL 5 ECURITY NO.	17- INFORMANT ADDRESS
	yes W W 11 218-05-4396	E.Elsie Aten 1020 Riverside Ave. 21230
	18. / 9 7   CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH	minal Ca. BETWEEN ONSET AND DEATH
	(A) IMMEDIATE CAI	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause IA) stating the UNDERLYING CONDITION last (C)	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
A CIBITOR	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
10.14.7	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, of etc.)	n ar about 21C. WHERE DID (If in Baltimore City, give exact location)
1027	OF INJURY	21F. HOW DID INJURY OCCUR?
`	(APPROX.) While At Work At Work	
	22. I certify that HJ (this haspital) attended the deceased from	Sept. 19 197/ to Sept. 19 197/
	that (N (we) last saw the deceased alive an Sept. 19	19 7/ and that in (my) (our) opinion death accurred on the date
	and have and from the causes stated above. (N (We) (did) (did not) v	lew the body after death.
	23A. SIGNATURE	23 B. DATE SIGNED
	236 BUYGGLAND DEGREE Phys	
	23C. PHYSICIAN'S NAME (Type)	3D. ADDRESS
24	A. BURIAL CREMATION, 1248, DATE 124C NAME OF CRAFTERS OF COL	South Baltimore General Hospital
	REMOVAL (Specify)	(Stote)
11	Burial 9/23/71 Cedar Hill Ce	
1 23	A. DATE REC'D BY MEANTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
VS	SED 23 1971 Pale & Falle, MD. U	Krause 12165. Charles St. Balto. Md. 21230



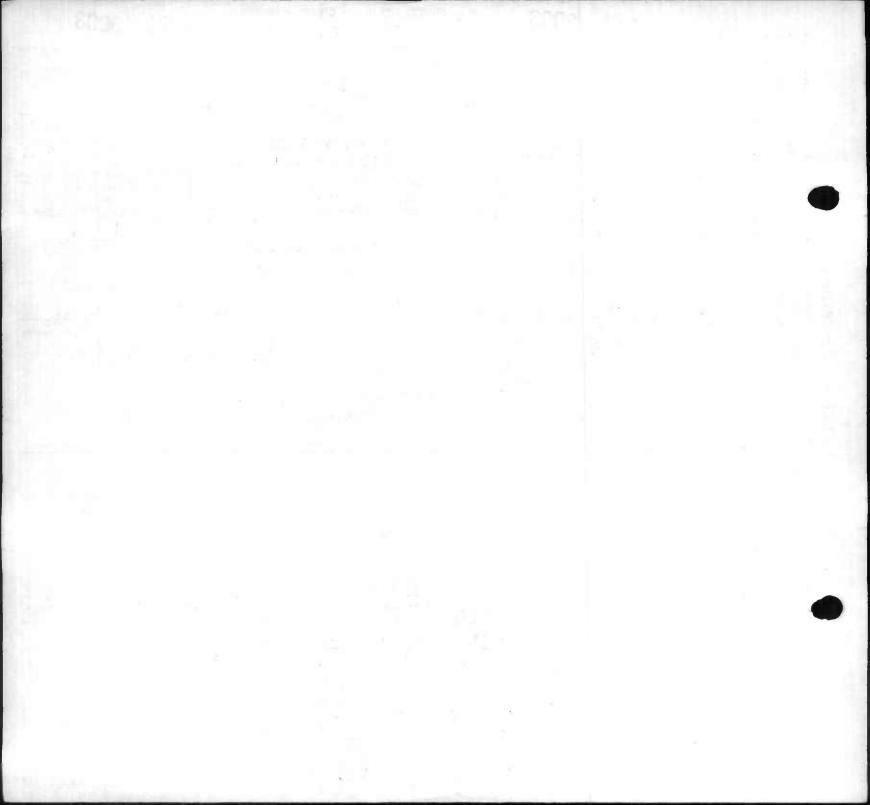
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1	3 500	BALTIMORE CITY	HEALTH DEPARTMENT		
RII	71 8902	CERTIFICA	TE OF DEATH	REG. NO	71 8902
1,1	NAME OF DECEASED			D HOUR OF DEATH	
	pe or Print) SMAZL , LOU		Sept. 1		1 4.25 P.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P.	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
EL	ILL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MaryLan		2740
IIN	STITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	Junai Hosh		Baltimore E. STREET AND NUMBER		YES NO
9			5913 Winn	er ave.	21215
5.	MALE 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	AGE (in years	Il Under 1 Yr. Il Under 24 Hrs. Months! Doys Hours Min.
	WIDC	WED DIVORCED	1000 12 - 110 10	ost biethdoy)	Months Doys Hours Min.
dor	USUAL OCCUPATION (Give kind of work 108, KINe during most of working tile, even it retired)	ID OF BUSINESS OR INDUSTRY	1). BIRTHPLACE (State or loreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	Solosman		mar	- land	U5a
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	<b>y</b>	
L	Harris		Kosa		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) lif yes, give wor or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	100	213-10-998	ms (Feel	side Si	mad Some
	18. 2 4 1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Λ (		BETWEEN ONSET AND DEATH
	(This does not mean the mode of dving.	e.g., (A) IMMEDIATE CAU	SE ful eden	d	
	heort foilure, asthenia, etc. 1) means the dis injury ar camplication which caused death.)	ease,	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	QH F	F PACE - MAKER		
	DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:		***********************
	rise to the abave cause (A) stating UNDERLYING CONDITION last.	(c)	plastic Anemia		
	П	(0)			
ION	OTHER SIGNIFICANT CONDITIONS CONTRIBILIT	ING			
CAT	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			***********
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OFERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	lif in Boltimore	City, give exoct locotion)
AL.	DEATH (notify medical examine)	home, farm, factory, street, off	ce bldg., INJURY OCCUR?	pe in commerce	Cult dive exect lecoulous
MEDICAL	21D-TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
\$	OF INJURY (APPROX.)	While At Not While At Work			
	22. I certify that (1) (this hospital) attend		10		10
	that (i) (we) last saw the deceased alive			in(my) (our) onin	ion death occurred an the date
	and have and from the causes stated above			intmy/ (out) optn	ion death occurred an the dote
	23A. SIGNATURE		and all all addills	/	238. DATE SIGNED
	C. Thanaspowder	OEGREE Phys.	ding Med. S	hys. 🗆	Sept 18, 1971
		VANDEAVARN MD.	D ADDRESS	SPITAL OF B	
24A	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CREA	MATORY 24D. LO	CATION (City	, town, or county) (Stote)
	Duna 9 19/71	Brai els	rael 1	2-07.	mel
25A	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. EUNERAL DIRECTOR		G. ADDRESS
(	SEP 23 1971 Robert & Jan	Bey M.D.	Jeff Born of	mrs 7 20	~ 9610 Reisterster
VS 1	50-REV. 1/1/68				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

1	218	1 73	8993	BALTIMORE CITY	HEALTH	DEPARTMENT		*(4	0002
BIR	TH NO.		9300	CERTIFICA	TE OF	DEATH	REG. NO.	/1	8800
	Pe or Print)	A .	us M. Ber	metal 10		2. DATE AN	D HOUR OF DEATH		9. 20
3.	PLACE IN BAL			ONOUNCED DEAD	4. USUAL	RESIDENCE I Whe	re deceased lived. If in	n stitution; re	A CO AM M. esidence before admission
HC	LL NAME OF	(IF NOT	IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Ma.	ryland	Baltimor	CE	IMITS?
	2					kesville	J. 1143	YES [	NOTE
	The	Johns	Hopkins	Hospital 3	E. STREET	Nayler's	Lane		and a
5, 5	EX	6. RACE	7- MAR	RIED NEVER MARRIED	8. DATE O		9. AGE (In years lost birthdoy) 63	If Unde Months	Doys Hours Min.
1	Male	Cau.		WED DIVORCED					
10A	. USUAL OCCU	UPATION (Give working life, ever	kind of work 10B, KIN n if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or fore	ign countryl	12. CITI	ZEN OF WHAT COUNTRY?
	merc	Rand				marie	Remel		45a
13.	FATHER'S NA				14. MOTH	ER'S MAIDEN-NA	ME		
		us Ber			Ma	arion Sti	romberg		
15. (Yes	Was Deceased Line of unknown	Ever in U. S.	Armed Forces? wor or dates of sen	icel SECURITY NO.	17. INFOR	MANT			ADDRESS
	Les	w	The state of the s	215-10-6347	m	s. Carole	ne Bernste	in	Same
	18. / 5	5 XI		CAUSE OF DEAT	1				APPROXIMATE INTERVAL
		LEADING TO	ITION DIRECTLY		0	11. 8	ut to		~
	This does not mean the mode of dying, e.g., heart failure, asthenia, efc, it means the disease,								
	ANTECEDENT CAUSES  MINTER STRATE COLUMN POR PORTO TO TO TO TO TO TO TO TO TO TO TO TO T								
	DISEASES OR CONDITIONS, if any, giving  (B) //CASTAUL CALCING PROSCAU  DUE TO, OR AS A CONSEQUENCE OF:								
	ise to the above cause (A) Blating the UNDERLYING CONDITION last, (C)								
		- 11							
ATION	TO THE DEAT	H BUT NOT REI	TIONS CONTRIBUT LATED TO THE TERMI 'EN IN PART 1 (A).	ING NAL		**************	<del>777777777777</del>		මේම සිහිමිම අතම සහ අත අත අත අත අතු එකුසු පුළුකුල
CERTIFICATION				FOR WHICH OPERATION	20A. A	Yes	208, IF YES, WERE IN CERΠFYING CA	FINDINGS USES OF I	CONSIDERED DEATH?
MEDICAL CE	21A. ACCIDEN OR CONTRIBU DEATH (notify	IT WAS UNDI	ERLYING SE OF	21B. PLACE OF INJURY (e.g., in home, form, foclory, street, of etc.)	or obout 2 lice bldg., II	IC. WHERE DID NJURY OCCUR?	(If In Soltimor	e City, give	e exect location)
1EDI	21 D. TIME OF INJURY	(Month) (Do	y) (Year) (Hour)	21E INJURY OCCURRED		IF. HOW DID INJ	URY OCCUR?		
<	(APPROXI			Work Not While					
	22. I certify	that (1) (this	hospital) attend	led the deceased from	ust	/21	9 7/ 10 80	12	0 19 7/
	that (If (we)	lost sow the	deceased office	on 9:20 Am Sept	20 19				h occurred on the date
			uses stated obo	rev (1) (We) (did) (did not) v	lew the bo	ody ofter death.			
	23A. SIGNATU	RE 1	1	a MA	nding [	H-1		23R DAT	E SIGNED
	15a	VVZ	wy	DEGREE Phys	. Ц		Shaff Phys. D	89	of 20, 1911
	23C. PHYSICIA NAME (T)		_		3D. ADDRE				
246	PICELAL CREA		y Cooper	DEGREE			pkins Hos		
	REMOVAL (S	pecifyl	7/22/71	Balto Helra		- P	SCATION ICI	ty, town, o	(State)
25A	SEP 23	1971	ober 8 Ja	Bey KD 0	250. FU	INERAL DIRECTOR	Devices VI	la	ADDRESS
VS	150-REV. 1/1/6	8			0	X	WWW I XV	0616	(Custins and



rainter rainte	er contracting Lena Len	UZ			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give war or dates of service)	17. SOCIAL SECURITY NO. 18. INFORMANT	ADDRESS			
NO	215 09 6275 Catherine	Anuszewski (same)			
19.	CAUSE OF DEATH	APPROXIMATE INTERVA BETWEEN ONSET AND DE			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAUSE Arterioscle				
(This does not mean the made of dying, e.g., heart loilure, asthenio, etc. it means the disease, injury or camplication which coused death.)	DUE TO, OR AS A CONSEQUENCE OF:	disease			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	(B) DUE TO, OR AS A CONSEQUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(-)				

(c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION (20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or Na) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or about 22C. WHERE DID (If in Baltimore City, give exact location) hame, farm, lactory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

22D. TIME (Manth) (Day) OF INJURY (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) WORK AT WORK I certify that I held an Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted from: Natural couses Accident Suicide Homicide Undetermined manner Deputy CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. 9-21-71 EXAMINER'S

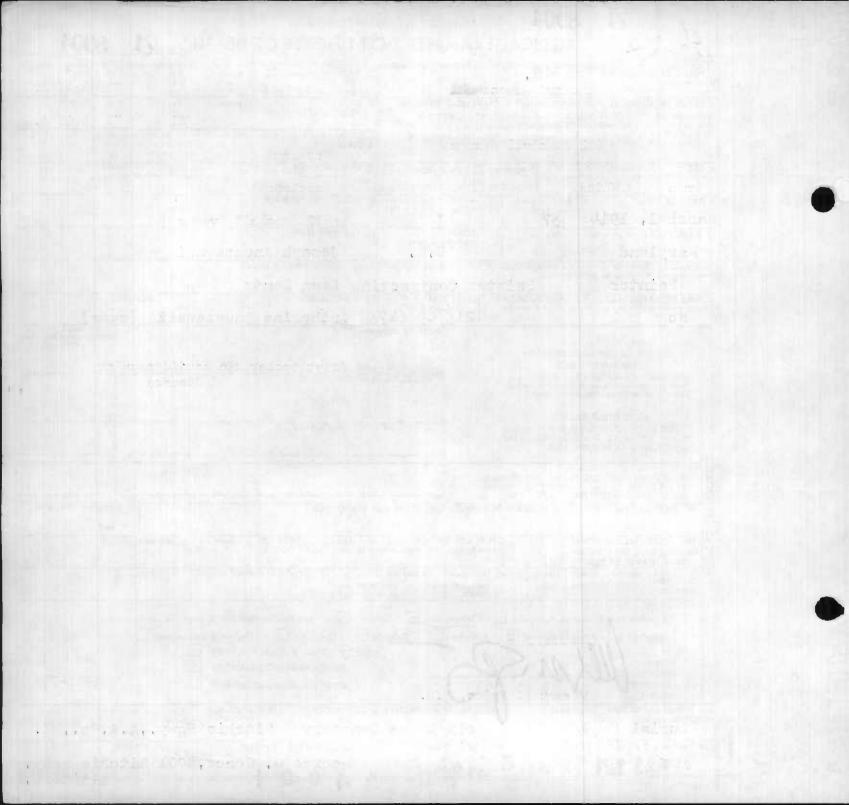
NAME (Type) Werner U. Spitz, 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial 9/24/71 Holy Cross Cemetery Ritchie Hgwy., A.A.Co., Md. 25 A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR ADDRESS

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR George J. Gonce, 4001 Ritchie Hgwy. Baltimore Md

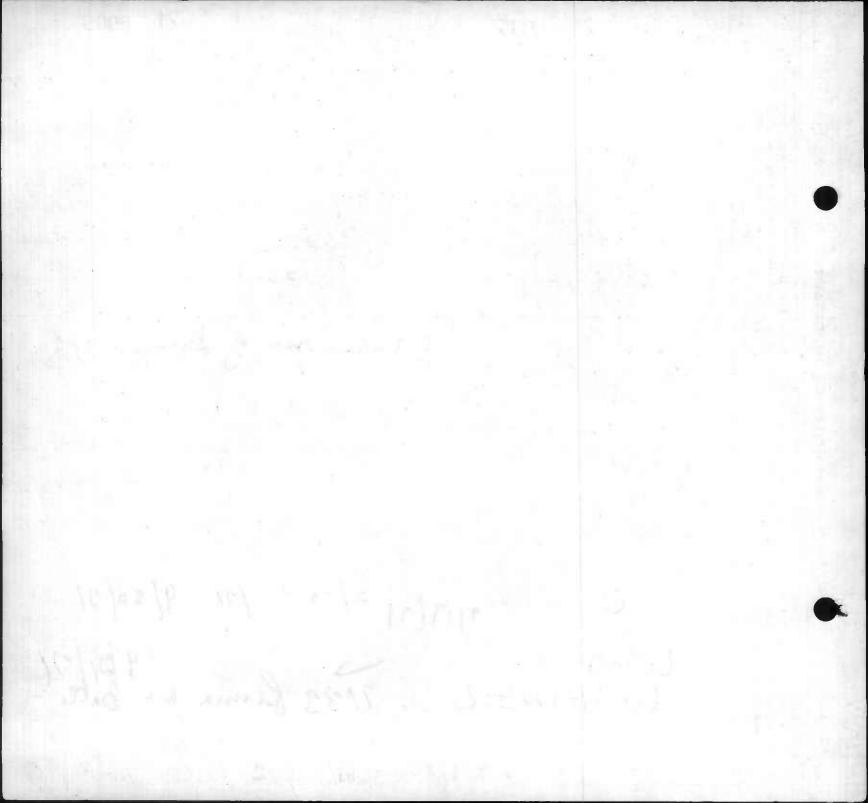
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23.



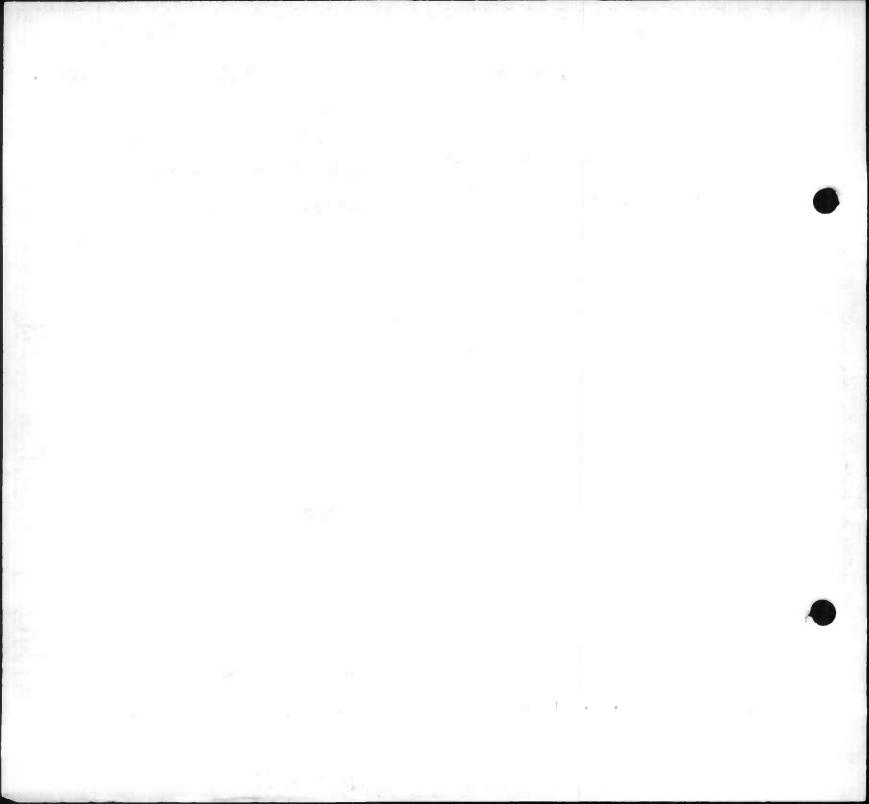
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	TY HEALTH DEPARTMENT
1-536 71 8905 CERTIFIC	ATE OF DEATH REG. NO. 2 8905
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) The U1044 PC	Noter Sept. 20 - 1971 9 - P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF ' (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
00 0. 01 1	Ballimone YES A NO
826 Edmondson Ane.	826 Edmondson Are.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Tample Colored WIDOWED DIVORCED	1 1 104 . 20 - 1901 70
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done dyring most of working life, even if refired)	RY 11. BIRT/APLACE (Stote of foreign county) 12. CITIZEN OF WHAT COUNTRY?
Housewife None	Cambridge, Md, V.S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WACTER Loung	thizA (orwish
15. Was Deceased Ever in U. S. Afmed Forces? [Yes, no or unknown] Ill yes, give wor or dates of service. SECURITY NO.	17. INFORMANT ADDRESS
Ne	Welly Bigous 1035 troyle Am.
18. / G 2 / I CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ccimma of Luna 11
(A) IMMEDIATE C	AUSE S A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	o a consequence of .
ANTECEDENT CAUSES	-11
ANTECEDENT CAUSES  (B)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving  rise to the above cause (A) stating the	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.  (C)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.  (C)	AS A CONSEQUENCE OF:
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DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTION OR CONTRIBUTION ON CONTRIBUTION OF INJURY (e.g. bome, form, foctory, street, etc.)  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  (If in Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  (hite of the death of the dote of the body ofter death.)
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	in a hospital and	ng cause of death	cause; (5) Deceased	attendance on the	ior to death. Such		
	int if death occurred	direct or contributin	d; (4) Undetermined	ith was in regular	on the deceased pri	disposition is made.	
MPOKIA :	or or his assiste	r. Also, if the	ture of any kin	ronounced dec	ir attendance	almed or final	
TONERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	physician was in regula	written approval must be obtained before the remains are embalmed or final disposition is made.	
	nust be approved by th	leased to the hospital	cident of any nature; (	hospital (except wher	o death); and (6) No	I must be obtained bef	
	This certificate n	the body was re	shows: (1) An acc	was D.O.A. at a	deceased prior t	written approva	

	1 -200 1 1 11111111111111111111111111111	Y HEALTH DEPARTMENT
	BIRTH NO. CERTIFICA	ATE OF DEATH REG, NO. 71 8906
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
	LEACH, George	9/20/71 4:30 p. <sub>M</sub>
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admissions A. STATE  B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 808
	INSTITUTION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	33_	Baltimore YES X NO
	The Johns Hopkins Hospital	1035 McDonough Street
ad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr If Under 24 Hrs.
E	Male Negro WIDOWED DIVORCED	1/23/05   lost birthdoy 66   Manths Doys Hours Min.
n is	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
÷.	Talor	Porth Carlina 11SA
500	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disposition	John Mach	Xinni)
	15. Was Deceased Ever in U. Ammed Forces? (Yes/no of unknown) [If yes, give wor or dates of service! SECURITY NO.	17. HIFORMANT ADDRESS
final	212-11-1145	Tonie Lorch Synce
ort	18.4 2 CAUSE OF DEAT	
70	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
E	LEADING TO DEATH  (This does not mean the mode of dying, e.g., DUE TO, OR AS	
balm	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
E	ANTECEDENT CAUSES	fully to the
80	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
s ar	rise to the above cause (A) stoting the	
in in	UNDERCTING CONDITION last, (C)	
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
6	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
the	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	
efe	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., or contributing   CAUSE OF   home, farm, foctory, street, a etc.)	in or obout 21 C. WHERE DID (It in Boltimare City, give exect location) INJURY OCCUR?
- 11	Q 21D-TIME (Month) (Dov! (Year) (House 215 ANTILLEY OF STREET	21F. HOW DID INJURY OCCUR?
tained	OF INJURY  (APPROX! While At   Not While	ie 🗀
ota	Work LJ At Wark	
90	22. I certify that (f) (this hospital) attended the deceased from	9/30 19 7/10 9/20 19 7/
be	and haur ond from the couses stated obove. (1) (We) (did) (Ad Mar)	19ond that In(p(f)) (our) optinton death accurred an the date
approval must	23A. SIGNATURE	/lew the bady after death.
E	R A DIO	anding Med. Staff D
DA	23C. PHYSICIAN'S DEGREE THE	s. Director Phys. L27
pro	NAME (Type) R. A. RIZZA	The Johns Hopkins Hospital
dp	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRI	
	BUDICA 0-2501 Interest	Carl Posts mal
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C TUNERAL DIRECTOR ADDRESS
3	SEP 23 1971 (2010 0 770 100 0	WWW. MAN IMPRIMATES, (1)
1	/S 150-REV. 1/1/68	The state of the state of the



Such approved by the chief medical examiner or his assistant if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased no to death. attendance prior or contributing written approval must be obtained before the remains are embalmed or final disposition is made. regular deceased Was Also, if the direct deceased prior to death); and (6) No physician was in regular attendance on death the body was released to the hospital by a medical examiner. Also, if the di shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; who pronounced (except where the physician was D.O.A. at a hospital certificate must be

Dr'. Loya 24A. BURIAL CREMATION, REMOVAL (Specify)

25A. DATE

VS 150-REV. 1/1/68

Zimmerman

	K-36	271	gr	כיחב		HEALTH DEPARTMENT	X	71	8907		
Bri	RTH NO.		. 00	101	CERTIFICA	TE OF DEATH	REG. NO		-		
1.1 (Ty	NAME OF DEC					2. DATE AN	ND HOUR OF DEATH				
Ľ	Vincent Koterwas September 21, 1971 3:55 A.										
3.	PLACE IN BALT	TIMORE, MAI	MLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: r	esidence before admission)		
FUHC	JLL NAME OF OSPITAL OR STITUTION	(IF NOT ADDRES	IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Delaware			V07		
b	3111011011					C. CITY OR TOWN Wilmington	D. INSI	YES A			
1	Harford	d Gard	ens C	onv Ho	ome	E. STREET AND NUMBER		153	ио 🗌		
-	SEX					714 W. 11th	St.				
	lale	White			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Unde Months	Doys Hours Mine		
1			hind of work	WIDOWED		2-18-1885	85				
don	e during most of w	vorking life, eve	n il retired)	IND OF	BOSINESS OK INDUSTRE	11. BIRTHPLA CE (State or forei	ign country)	12. CITI	ZEN OF WHAT COUNTRY?		
10				KATION	DAI FIXTHRES	POLANO		1/	15.A.		
13.	FATHER'S NAM	ΛE		1		14. MOTHER'S MAIDEN NAM	ME		, 0, , ,		
4	AWRE	=NCI	- /	SOTE	PWAS	DNKNOD	1114				
15, (Ye:	Wos Deceased s, no or unknown)	Ever in U.S. (II yes, give	Armed Foic	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	/		ADDRESS 2213		
	n/o.				222014952	CTAPILEV K	at-nula	- 1	- bood		
	18.4/	7.41			CAUSE OF DEATH	DIMIULY 11	DIENWH-	> 40	APPROXIMATE INTERVAL		
	DISEASE	OR COND	ITION DIR	ECTLY	At	1. V. (1)	, 7	ľ	BETWEEN ONSET AND DEATH		
	(This does no	LEADING TO		August steel	(A) IMMEDIATE CAU		Mark Isramil		Spieral Hears		
	heart failure, o	sthenia, etc.	II means	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:	<del></del>				
		NTECEDENT			/a\						
	DISEASES OF	CONDITIO	)NS, if a	iny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	********************				
	rise to the UNDERLYING	CONDITION	use (A) I last.	stating the	(c)						
		- 11			(0/						
CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	BUT NOT PE	ATED TO TH	IE TEDMINIAL	**********************	20 A553 Buodaoimes responded de a 40004000000					
FIC	19A. DATE OF	OPERATION	198 COND	DITION FOR W	VHICH OPERATION	20A. AUTOPSY? (Yes or No)		INDINGS	CONSIDERED		
ERTI	0	_	WAS PERFO			No	IN CERTIFYING CAL	SES OF D	EATH?		
1	21 A. ACCIDENT OR CONTRIBUT DEATH (notify n	WAS UNDE INO□ CAUS nedicol exomi	RLYING DE OF	21 B. ( home etc.)	e, tarm, toctory, street, affi	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Boltimore	City, give	exoct locotion)		
EDI	21D. TIME (	(Month) (Do)	(Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
2	(APPROX)			While Wark	le At Not While						
	22. I certify t	hat (I) <del>(this</del>	-hospital)	ottended th	e deceased from	25 23 19	97/ to Ji	Opt.	10 7/		
- 1	that (I) (wa) I				. 10 4 30	1 17/		-			

MEDICAL CERTIFICATION ond that In(my) (our) apinian deoth occurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Staff Phys. Director 23C. PHYSICIAN'S NAME (Type)

23D. ADDRESS

DEGREE

24C. NAME OF CEMETERY OF CREMATORY

3202

FUNERAL DIRECTOR

Harford

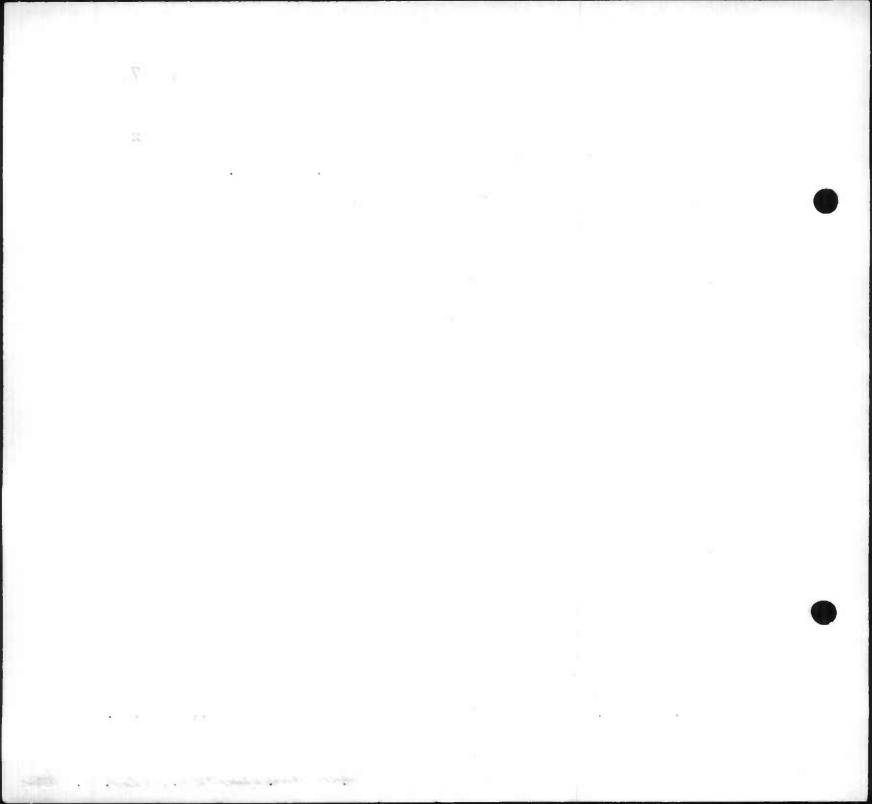
24D. LOCATION

Rd., Balto . Md.

or county)

(Stote)

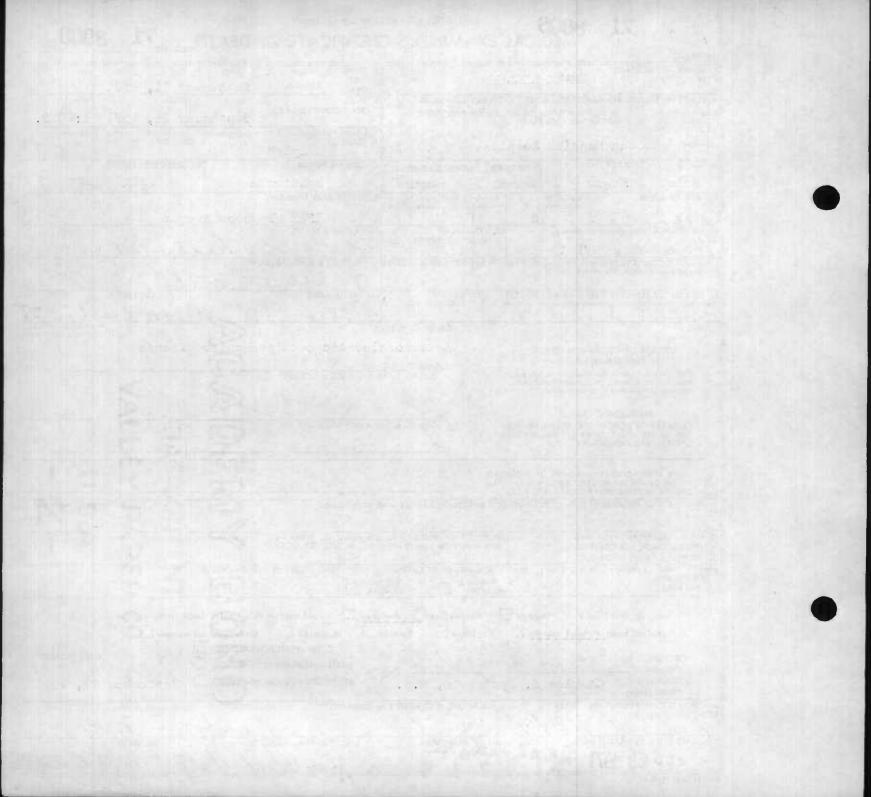
(City.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	9-46	63 71 8	2008			HEALTH DEPARTMENT		74	8908	
	RTH NO.				CERTIFICA	TE OF DEATH	REG. NO	-d.	0000	
1. ( (T <sub>)</sub>	Pe or Print)	ECEASED	-			2. DATE	AND HOUR OF DEATH			
1	E A CO THE P	BALLARD,	£5	STE	LLA	Sept.	20 1971		11100 P.	. AA
3.	PLACE IN B	ALTIMORE MARYLAND	, WHERE PI	RONOL	INCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	nere deceased lived. II in	nstitution	residence beloro odmis	ssion)
FL	LL NAME O	F (IF NOT IN HOS	PITAL OR I	NSTITL	TION, GIVE STREET	Maryland	The second second		153	7
İN	STITUTION	_				C. CITY OR TOWN	D. INS	IDE CITY	LIMITS?	-
	20	Provident Ho	ospica	L GO	omplex	Baltimore		YES	NO 🗌	
2600 Liberty Heights Avenue Baltimore, Maryland 21215				E. STREET AND NUMBER 3211 Carlise	AUE					
5.	SEX	6. RACE			NEVER MARRIED	8. DATE OF BIRTH	,			
	emale	Black	WIDO	WED	DIVORCED	5-6-96	9. AGE (in years lost birthdoy)	Months	er 1 Yr. II Under 24 Doys Hours M	Hrs.
dor	. USUAL OC e during most o	CUPATION (Give kind of water working life, even if retire	ork 108, KIN	D OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or los	reign country)	12. CIT	ZEN OF WHAT COU	NTRY
	Unemp1		'			Maryland			U.S.A.	
13.	FATHER'S N.	AME //			-	14. MOTHER'S MAIDEN NA	ME			
1	Alill.	iam Wa	3661	C C	6	1-1105	( ) = (			
5.	Was Decoase	ed Ever in U. S. Armed	Forces?		1 6. SOCIAL	17. INFORMANT	mms		ADDRESS	
10	M	mi ut yes, give wor or a	oles of serv	ricel	SECURITY NO.				ADDRESS.	
	18.	-0-01 V	100	0	107-14-0641 CAUSE OF DEATE	Mrs. Irene Sh	avers	S	ame	
	DISEA	ASE OR CONDITION	DIRECTLY	1	CAUSE OF DEATE	•			APPROXIMATE INTERV BETWEEN ONSET AND D	
		LEADING TO DEAT	Н	1	(A)IMMEDIATE CAU	- Shock			111 don.	0
	(This does heart failure	nol mean the made , asthenia, etc. It mea	of dying,	e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	************		14 hour.	<u> </u>
	injury ar ca	mplication which cous	ed death.)	, ,	2					
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the UNDERLYING CONDITION (ast.  (B) Due 10, OR AS A CONSEQUENCE OF:  (C) Abdominal Lumar parable									
	DISEASES OR CONDITIONS, if any, giving nise to the obave couse (A) stating the									W-04
	UNDERLYING CONDITION last. (C). Abdom					rinal Turne	er racial			
								7	***********************	
ATION	OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTI	NG	malia	Out with a	milation			,
CAI	DISEASE OR	CONDITION GIVEN IN P	ART 1 (A)		····	ant urtl 1	_ / /			Mese
ERTIFIC	C DATE U	F OPERATION 198 CO	ERFORMED	OR W	HICH OPERATION	20A. AUTOPSY? (Yes on N	O 20 B. IF YES, WERE P	INDINGS	CONSIDERED	
CER	21A. ACCIDI	ENT WAS UNDERLYING		21 B. P	LACE OF INJURY (e.g., In	or obout 21 C. WHERE DID				
4	OR CONTRIB	UTING CAUSE OF	_	home,	form, foctory, street, off	ce bldg. INJURY OCCUR?	(If In Boltimore	City, giv	e exact location)	
ă	21D. TIME	(Month) (Doy) (Yeo	r) (Hour)	216 1	NJURY OCCURRED	015 110 110 110				
ž	OF INJURY (APPROX.)			While	At C Not While	21F. HOW DID IN	IURY OCCUR?			
				Work						
		that (1) (this haspit			deceased from		19 <u>7 /</u> ta	9 - 6		
- 1		) last saw the decea				19 <u>71</u> and th	at in (my) (aur) apin	ılan dear	th accurred an the	date
	and haur an	d fram the causes st	ated abov	e. (i)	(We) (dld) (dld nat) vi	ew the bady after death.				
23A. SIGNATURE  Rhotna C. Gunann, U. D. DEGREE  Attend Phys. 23C. PHYSICIAN'S						4		238, DAT	E SIGNED	
						Director L	Shaff Phys.	9- 2	1-71	
	NAME (	iype)	- **			D. ADDRESS				
4.0	BURIAL CRE	Dr. Tumano			M.D. DEGREE					
1	REMOVAL	MATION, 248. DATE	2 240	C. NAA	ME of CEMETERY OF CREA	4		, town, o	r county) (State	;)
6	m	- 7/23/	11	1	Il mans	' '	WIRKIRK	< /	70	
)A	SEP 25	1971	E Ja	发	REGULAR	25C. FUNERAL DIRECTOR	211 Y	2/1	ADDRESS	-4-
/C 1	50-REV. 1/1/	, 1011 00000		7		hymon my	14mm Pr	25 17	Jumes of	Y

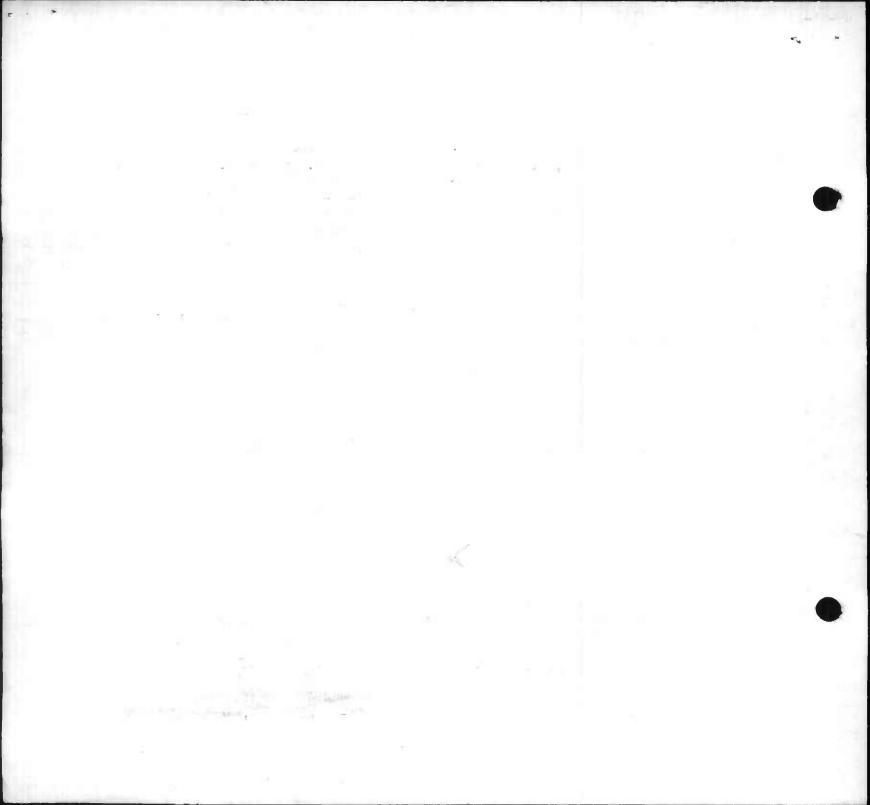
-40 OV1 8809 BALTIMORE CITY HEALTH DEPARTMENT	214 0000					
MEDICAL EXAMINER'S CERTIFICATE OF DI	EATH REG. NO. 1 8909					
BIRTH NC.						
(lype or Print) FRANK T.TT.J.EY	eptember 21, 1971					
	onth Day Year Haur					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  PRONOUNCED DEAD Se	eptember 21, 1971 1:40 P.M.					
	eased lived. If Institution: residence before admission)					
John Hopkins Hospital (DOA) A. STATE Maryland	B. COUNTY 909					
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN	D. INSIDE CITY LIMITS?					
Male Negro WIDOWED □ DIVORCED □ Baltimore	YES NO					
9 DATE OF BIRTH 10.AGE (In yeors If Under I Yr. If Under 24 Hrs. E. STREET AND NUMBER Months; Doys, Hours; Min.						
June 2, 1922 48 1315 Homewo	od Avenue					
1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME	.0					
Wadebara n. e. WHAT COUNTRY? I rank	Lilles St.					
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME						
dane during most of warking life, even if retired)	1+11.					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL 18. INFORMANT	ADDRESS					
(Yes, na arunknown) (If yes, give war or dates al service) SECURITY NO.	112111 Carl ST					
CAUSE OF DEATH	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovasc	BETWEEN ONSET AND DEATH					
LEADING TO DEATH	dial disease					
(This does not meen the mode of dying, e.g.,						
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)						
ANIVECTO PAIR CALIFE						
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (8)  DUE TO, OR AS A CONSEQUENCE OF:						
RISE TO THE ABOVE CAUSE (A) STATING THE						
I UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISABLE OF OR CONDITION RELATED TO THE TERMINAL						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21, AUTOPSY? (Yes or No)					
O DIAMED CONTINUE OF EXAMENT WAS PERFORMED						
	Yes					
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in E home, larm, loctory, street, affice bldg., etc.) INJURY OCCUR?	Saltimore City, give exact location)					
	OCCUR?					
OF INJURY (APPROX) WHILE AT NOT WHILE						
23.						
I certify that I held an Inquiry Inspection Autopsy and that on this b	easis, death in my opinion					
	etermined manner					
CHIEF MEDICAL EXAM						
ACTUAL (Markey ) SAME TO ASSISTANT MEDICAL EVALUA	DATE SIGNED					
SIGIAN ORE						
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAM	INER LJ September 22, 1971					
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D. LOCA	ATION (City, tawn, or county) (State)					
We are some of 1/23/1/	delorar ho					
258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR						
3						
VS 151-REV. 3/1/68	ochs fr 130 y 7. Central and					



DIE	TH NO.			CERTIFICA	TE OF DEATI	H REG. NO			
	AME OF DEC	CEASED							
	D * 4	WILLIAMS,	Pnn		2. DAT	E AND HOUR OF DEAT			
-						930 Am	19/19/71 M.		
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (	Where deceased lived. If	institution: residence before admission)		
H	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	Maryland		1604		
INSTITUTION					C. CITY OR TOWN	D. If	VSIDE CITY LIMITS?		
1	71				Baltimore		YES 📉 NO 🗌		
Ι.	31	4940 Easter			E. STREET AND NUMBI				
		Baltimore, M			808 N. Mon	roe St. 212	17 007		
5, 3	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.		
	Male	Negro	WIDOWED	DIVORCED	1-23-30	lost birthday)	Months Days Hours Min.		
104	USUAL OCC	UPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
don	e during most of	working life, even if retired)		ion Champ	Maryland		USA		
13.	FATHER'S NA	ME	<del>!</del>		14. MOTHER'S MAIDEN	NAME			
		Ernest Wi	lliams		Hes	ter Holloman	n		
15. (Ye)	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
	no	an your give was of dole	or servicer	217-24-5423	BCH-Records	4940 Easte			
-	10					Baltimore,			
	16. 5 7	1,41		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEAS	E OR CONDITION DI	RECTLY		0-1	,			
		of mean the mode of	duta a la	(A)IMMEDIATE CAU		Natry av	ust		
	heart failure,	asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:				
	injury or complication which caused death.)								
	4	ANTECEDENT CAUSES		m Acu	docis				
	DISEASES C	R CONDITIONS, if	any, civing	DUE TO, OR AS	A CONSEQUENCE OF:	************************			
	rise la the	above cause (A)	stating the	[sox		-bleedmed	Coallesis		
	UNDERLYING	CONDITION lost		(c) 5040	year various	- Ullame	Conhosis		
_		- 11			3				
O	OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING						
AT	DISEASE OR C	H BUT NOT RELATED TO THE ONDITION GIVEN IN PAR	TETERMINAL	******************	****	***************			
CERTIFICATION	19A. DATE OF	OPERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSYT (Yes o		E FINDINGS CONSIDERED		
E		WAS PER	OKMED		1/0	IN CERTIFYING C	AUSES OF DEATH?		
	21A. A CCIDEN OR CONTRIBU DEATH Inotify	IT WAS UNDERLYING TING CAUSE OF medical examined	21 B, I home etc.)	PLACE OF INJURY (e.g., ir, form, foctory, street, of	or about 21C. WHERE DI	(II in Boltim	ore City, give exact location)		
EDICAL	21D. TIME	(Month) (Doy) (Year)	(Hour 21E	NJURY OCCURRED	215 HOW DID	INJURY OCCUR?			
ME	OF INJURY					INJURY OCCUR?			
	(APPROX)	APPROX.)  While At Not While Not Work  At Work							
	22. I certify	that (i) (this hospital	attended the	deceased from	XII CINCEL / 8	_19 1 ta	ephysier of 1971		
	that (1) (we)	last saw the decease	d alive on	Sypking 1	5 19 7/ one	that In(my) s(aur) or	olinion death occurred on the date		
	1 .				1		Amon death accorred on the date		
	234 SIGNATU	and hour and from the causes stated abave. (1) (WE) (did) (did not) view the body after death.							
		DAMON	DI P	ATT ATT	nding Med.		23 B. DATE SIGNED		
	16	Ville	1001	DEGREE Phys	iding Med. Director	Staff Phys	19/19/11		
	23C. PHYSICIA NAME (Y)	N'S A	1	12	3DAADDRESS				
	/ / land to / la								
24A	24A. BURIAL CREMATION, 24R. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stote)								
	Buria		Arb	utus Tem. I	ark	Baltimore,	ind -		
25A		BY HEALTH DEPT.	258. NAME OF	REGISTRAR	25C. FUNERAL DIREC				
1	SE	P 23 1971 (d	Bell E.	aben Mil	OKENSON TOL	V. Baile	hown Charact		

VS 150-REV. 1/1/68

1340 Galhoun Street

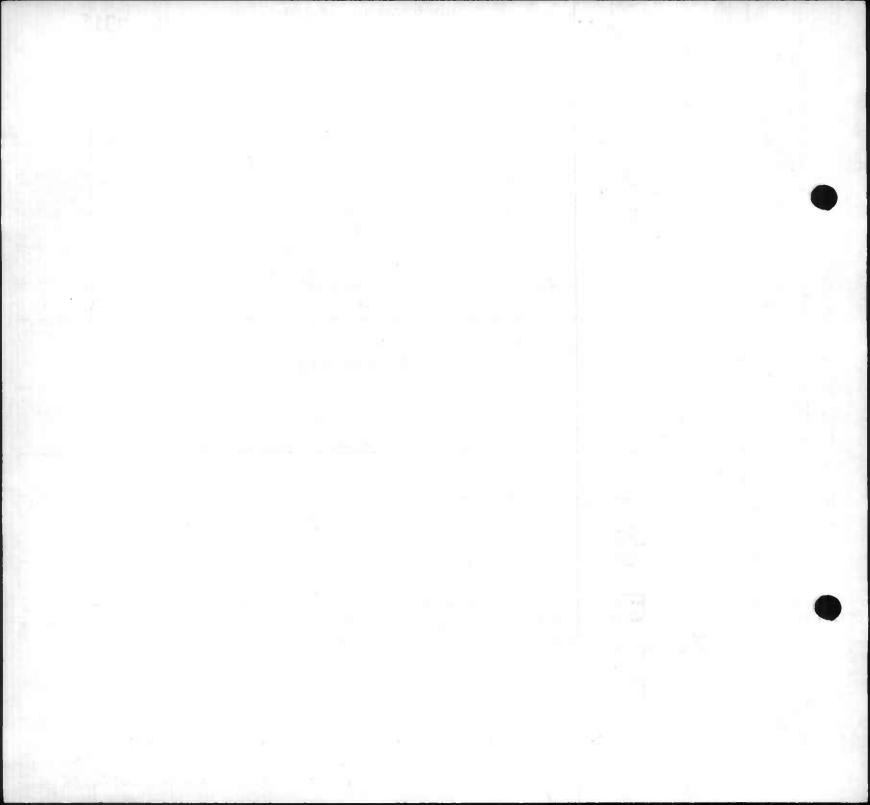


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO.	71	89	11
	-			

ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  IN AME OF ADDRESS OR LOCATION)  ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  IN AME OF ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  A. STATE B. COUNTY  M. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admiss B. COUNTY  M. C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER  400 Drew St. #2/24  WIDOWED DIVORCED 500 AGE (In yeors lost birthdoy) 43  Months: Days Hours Min Min DIVORCED 500 AGE (Stote or foreign county)  Maryland CCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign county)  Maryland  Maryland  MIN ATHER'S NAME  WILLIAM P. Hawkins  Tannie Baranowski							
L NAME OF ADDRESS OR LOCATION)  RECY HOSPITAL  RECY HOSPITAL  RESTREET AND NUMBER  HOOD Drew St. #2/24  RESTREET AND NUMBER  HOOD DREW St. #2/24  RESTREET AND NUMBER  HOUSE MARRIED NEVER MARRIED  RESTREET AND NUMBER  HOUSE MIDDING WID DIVORCED  S. DATE OF BIRTH  P. AGE (In years lost birthday)  Months: Days Hours Middings wind of working life, even if retired)  HOUSE WIFE  AT HOME  AT HOME  14. MOTHER'S MAIDEN NAME  Tannie Baranowski							
L NAME OF ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  Baltimore  B							
D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER  400 Drew St. #2/24  **    Funder 1 Yr.   If Under 1 Yr							
FEMALE WHITE WIDOWED DIVORCED #30/28 Past birthdoy 43  SUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  HONS & WIFE  AT HOME.  BUILDING MARRIED DIVORCED #30/28  15. DATE OF BIRTH 9. AGE (In years lost birthdoy) 43  16. Under 1 Yr. If Under 24  Months: Doys Hours M.  17. MARRIED DIVORCED 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY  HOMS & WIFE  AT HOME.  Bultimore Maryland WSIA  ATHER'S NAME  WILLIAM P. Hawkins  Tannie Baranowski							
400 Drew St. #2/24  X G. RACE    FMALE   WHITE   WIDOWED   DIVORCED   #30/28   Strikhdoyly 3   Hours Months Doys Hours Months Doys Hours Months Doys Hours Months Doys Hours Months Doys Hours Months Doys Hours Midwing most of working life, even if retired)    House Wife   AT HOME   Bultimore   Maryland   USIA     ATHER'S NAME   WILLIAM   WILLIAM   WOTHER'S MAIDEN NAME   Jannie   Baranowski							
FEMALE WHITE WIDOWED DIVORCED #30/28 lost birthdoy 43 Months Doys Hours M  JSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote at foreign country)  Hours ewife AT HOME Bultimore Maryland USIA:  ATHER'S NAME  William? Hawkins  Tennie Baranowski							
House Wife AT HOME. Bultimore, Maryland USIA: William? Hawkins  William? Hawkins  Tennie Baranowski							
Honsewife AT HOME. Baltimore, Maryland USIA.  ATHER'S NAME  William P. Hawkins  Tennis Baranowski							
William P. Hawkins Jennie Baranowski							
as Deceased Ever is U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS							
Mo 219-22-0833 HARRY PERZINSKI SAME							
CAUSE OF DEATH							
DISEASE OF CONDITION DIRECTLY Malignant Melanoma hetas tasis BETWEEN ONSET AND I							
LEADING TO DEATH (A) IMMEDIATE CAUSE to Brain and Abdown 4 mo.							
This does not mean the mode of dying, e.g., reart failure, asthenia, etc. It means the disease,							
njury or Camplication which caused death.)							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
se id the good core (W) sight the							
JNDERLYING CONDITION last, (C).							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  O THE DEATH BUT NOT RELATED TO THE TERMINAL							
ISEASE OR CONDITION GIVEN IN PART 1 (A),							
PA-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
A ACCIDENT WAS UNDERLYING   218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  EATH (notify medical examiner)   218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?							
APPROX.)  While At Not While At Work  At Work							
2. I certify that (1) (this hospital) attended the deceased from 9/2/19/2/ to 9/2/19/2/							
nd hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.							
Attending Med. Stuff & 9/21/7/							
C. PHYSICIAM'S   23D. ADDRESS							
ALAAA (V. 1)							
NAME (Type) H. Zieglen Mercy Hospital Bultimore							
NAME (Type) H. Zieglen DEGREE Mercy Hospital Bultimore BURIAL CREMATION, 1248, DATE 124C, NAME OF CEMETERY OF CREMATORY DEPORTURE OF CREMATORY							
NAME (Type) H. Zieglen DEGREE Mercy Hospital Bultimore BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) ISION BURIAL 9-25-71 OAK LAWN CEM. 7245 EASTERN BLUD, BA, CO, M							
NAME (Type) H. Zieglen DEGREE Mercy Hospital Bultimore BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) 15101							

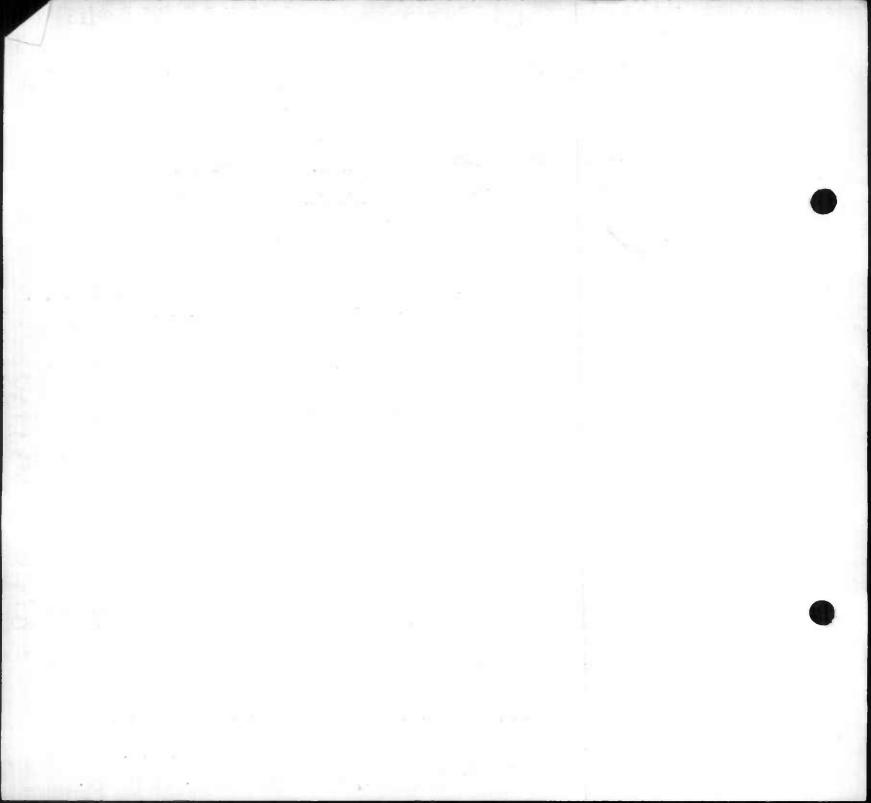


0	00 1	W-200 71, 8912 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71	8912
1.0	and eath ased the Such	BIRTH NO. CERTIFICATE OF DEATH	00-
E.	-7005	1. NAME OF DECEASED  [Type or Print] Obert, Wise 2. Date and Hour of Death  [Type or Print] Obert, Wise	1 10 30 M
	spita of i) Dec nce o	3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, II institution: A. STATE B. COUNTY	residence belore odmission)
	0 8 6 6 8 8 P	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	1600
	cause use; (5 tendan	C. CITY OR TOWN D. INSIDE CITY  SALTIMOVE, MISSIDE CITY  YES	
	ing ing cat	Sulheran E. STREET AND NUMBER 2822 - Har Lem Ave	<u>ب</u>
	n occurre contribut termined regular ceased p	Months	ler 1 Yr. Il Under 24 Hrs. Doys Hours Min.
	ath occur or contribudetermin in regul deceased	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CI	TIZEN OF WHAT COUNTRY?
	i de i de	done during most of working life, even if refired)  Bar Tender  Md.	
	if de ect o 4) Un was the sposit	13. FATHER'S NAME	
5	ET ET	Harald Wise Clarethe Dancy 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
RTAN	the dithe dividing; kind; death	(Yes, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.  213-36-4194 Herold T. Mise 2822	
OR: IMPO	his as so, if if any inced enda	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Also, e of a nounc atten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE	Inte
	5 0 L B	heort foilure, osthenia, etc. It means the disease,	
	aminer. A fractu	injury or complication which coused death.)  ANTECEDENT CAUSES	1 / 1/4 -
ECT	~ ~ ~ = 1	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:	
DIRE	_ 0 C E.E S	UNDERLYING CONDITION lost. (c).	1 WW
AL	die die die die die die die die die die	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	me me y bu phy ian	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION   2004. AUTOPSY? (Yes or No)  208. IF YES, WERE FINDING	CONCIDENT
UNER	by a me 2) Body by e the ph physician ore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF U. 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in gr obout 21C, WHERE DID 16 In Bollimore City, gr	DEATH?
군		U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID home, farm, foctory, street, affice bldg., INJURY OCCUR?	ive exoct locotion)
		21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At	
	SEXXER	22. I certify that \$1 (this hospital) attended the deceased from 9-14-19 // to 9-/	9- 10 7/
	approte the the fany (ex.); and (ex.)	that (1) [we] last saw the deceased alive on 9-19- 19- and that in (my) (our) opinion de	oth occurred on the dote
	st be a ased to lent of sspital death) nust b	ond haur and fram the causes stated obave. (1) (We) (did not) view the body ofter death.	
	5 6 .5 6 6	Attending Med. Staff A	ATE SIGNED
	F 0 U 5 F 0	23C. PHYSICIAN'S NAME Typek 1000 / COMIF   23D. ADDRESS   23D. ADD	Dal y Haylan
	certificate m body was rel vs. (1) An acci D.O.A. at a based prior to	UASON SAMO DEGREE 780, Ashburton St, Ballin	we MD-21216
	T-000-	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, REMOVAL (Specily) 9/23/21 M.A. Auburn Cem. Bollo Md.	or county! (Stote)
	This certif the body shows: (1) was D.O. deceased written a		ADDRESS 3
	This the labor was dece	SEP 23 1871 Robert & Jailler MD VIM & MARCH 928 EM	ORTH AYE
		VS 150-REV. 1/1/68	



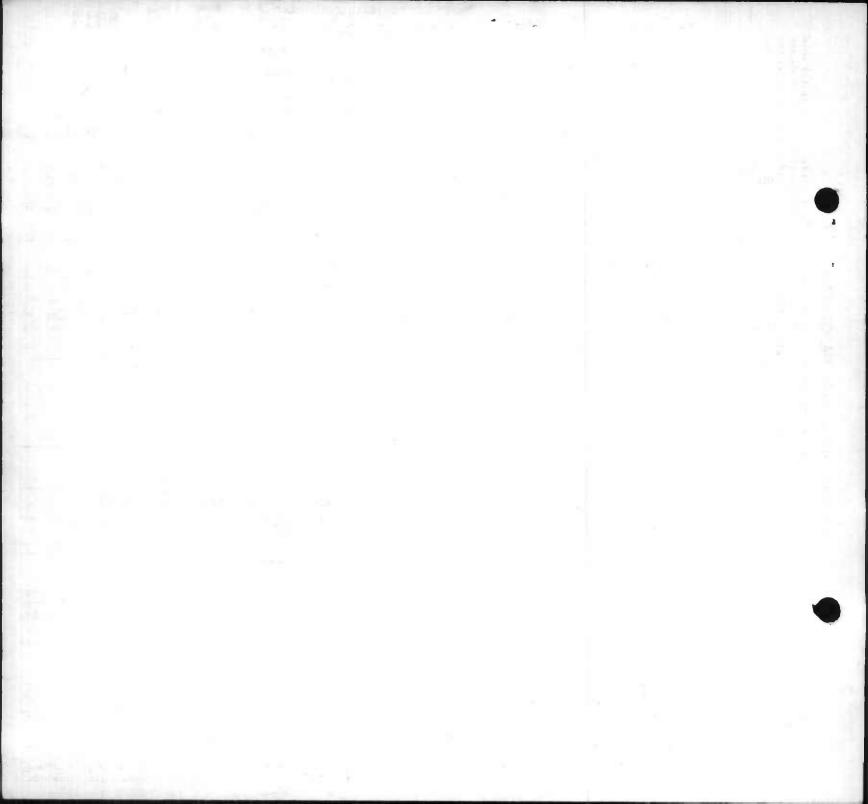
This certificate must be approved by the chief medical examiner or his ossistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced deoth was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embolmed or final disposition is made.

- 730 IT 00TO		HEALTH DEPARTMENT	REG. NO	71 8913					
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH						
SMITH, Otis		Ela	2/21.19%	7/ 1 3:00 P N					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Wh A. STATE B. COU	ere doceased lived. If is	nstitution: residenco beloso odmission)					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE	- 11	Maryland		604					
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?					
33		Baltimore		YES NO					
The Johns Hopkins Hospital		E. STREET AND NUMBER							
-		15 N. Durh	am Street						
	ORCED	3/16/19	9. AGE (In years last birthday) 52	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR done during most of warking life, even if retired)	INDUSTRY 1	1. BIRTHPLACE (Stote or far	eign country)	12. CITIZEN OF WHAT COUNTRY					
		Wantle Canal		P1.4					
Laborer 13. Father's Name		North Carolina							
7	ľ			Solo m					
Jesse Smith  15. Was Decoased Ever in U. S. Armod Forces?   16. SOCIAL		Ida Cox							
15. Was Decoased Ever in U. S. Armod Forces? (Yes, na or unknown) (If yes, give wor or dates of sorvice)  16. SOCIAL SECURITY	NO.	7. INFORMANT	W	interville, N.C.					
257-14	-5512	Allie Washi	ngton P.O.	Box238					
18. CAUSE	OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		. / /	111	JETHELH GROEF AND DEATH					
This does not make the made of the (A)IMM	EDIATE CAUS		refriction	1 dec					
hearf failure, asthenia, etc. It means the disease.	hearf failure, asthenia, etc. II means the disease.								
ANTECEDENT CAUSES									
(B)	Hyra	Klinen aua	Hippolinge	con lales					
DISEASES OR CONDITIONS, if any, giving DUE rise to the above cause IA) stating the	10, 08 AS A	CONSEQUENCE OF:	N/T +	- 4					
UNDERLYING CONDITION lost. (C)	Medell	Upper alvera	50 listore be	on 3 delles					
11		1,	10.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	711.1	Tilo Chartel	4 to a the						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	12/10/10		OUS TILDIOUS						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF IN	TION	20A. AUTOPSY? (Yes of N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?					
OR CONTRIBUTING CAUSE OF	JURY (e.g., in	or about 21 C. WHERE DID	(II In Baltimar	e City, give exact location)					
DEATH (notify modical examiner)	y, sireet, offic	e bldg., INJURY OCCUR?							
Q 21D. TIME (Month) (Doy) (Yearl (Hour) 21E INJURY OCC	URRED	21F. HOW DID IN.	JURY OCCUP?						
(APPROX) While At	Not While								
Work At Work									
22. 1 certify that (1) (this hospital) ottended the deceased from 1911 to 1611 1911									
that (1) (we) lost saw the deceased olive on	PIL		ot In (my) (our) opl	nion deoth accurred on the date					
and hour and from the couses stated above. (1) (We) (did) (	dld not) vie	w the body ofter death.							
23A. SIGNATURE 23B. DATE SIGNED									
Attending Med. Stoff Orienter Phys.									
23C. PHYSICIAN'S NAME (Typol		D. ADDRESS							
James Martin. M. Degree The Johns Hopkins Hospital  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Town, or county) (Stole)									
Burial 9-26-71	-	Win	nterville.	N.C.					
SEP 23 1971 Pales E. Name of rigistran		25C. FUNERAL DIRECTO		ADDRESS					
MULTIN MOLUII AVE									
V\$ 150-REV. 1/1/68									



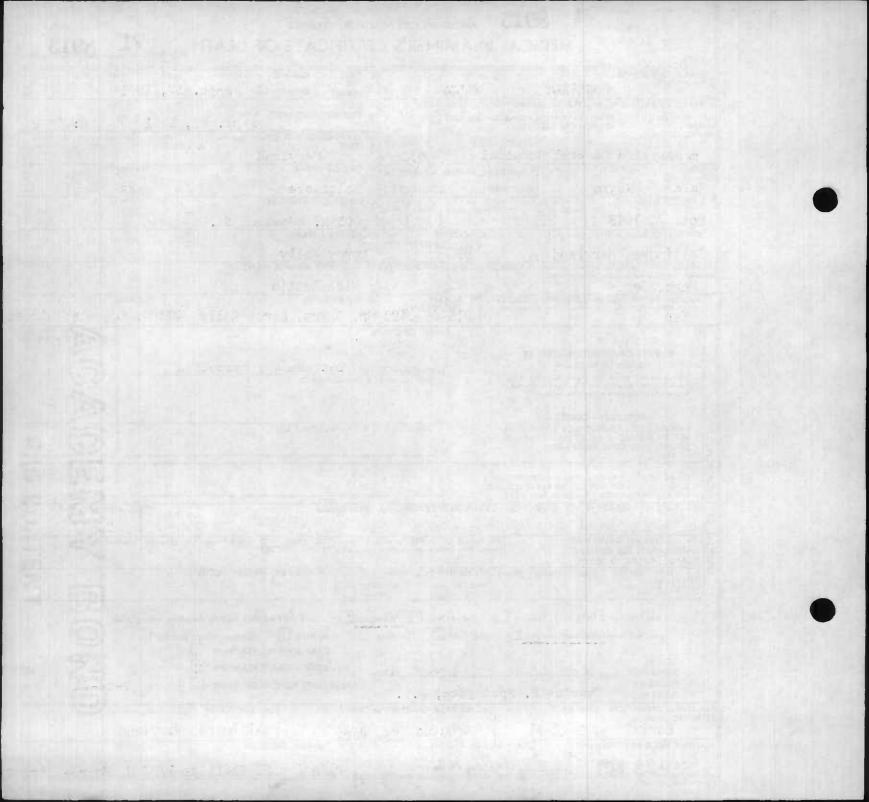
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY	HEALTH DEPARTMENT				
W-300 71 8914 CERTIFICA	TE OF DEATH REG. NO. 1 8914				
ETRTH NO.	12. DATE AND HOUR OF DEATH				
(Type or Print) THERESA M. WOOD	SEPTEMBER 22.71 8.45 A.M.				
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decessed lived. II institution residence before admission)  A. STATE  B. COUNTY				
THE STATE OF ME HAT IN HACKET OR MICHELLIAN CIVE CORE	4 15 17				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C CITY OR TOWN D. INSIDE CITY LIMITS?				
14-14	BALTIMORE YES NO				
7 7	E. STREET AND NUMBER				
UNION MEMORIAL HOSTITAL	2609 GARRETT AVQ.				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years li Under 1 Ye. Il Under 24 Hrs. Months Doys Hours Min.				
► N WIDOWED DIVORCED	06/22/52 19				
TOA, USUAL OCCUPATION (Give kied of workings, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	MARULAND USA				
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
JESSE WOOD 6	IZ INFORMANT (WEGOD) BARNES				
15. Was Deceased Ever in U. S. Armed Forcest (Yes, no or unknown) (If yes, give war or dates of service) \$CURITY NO.	17. INFORMANT ADDRESS				
	EVELYN WOOD 2609 GARRETT AVE				
18. CAUSE OF DEAT	APPROXIMATE INTERVAL				
DISCUSSION CONDITION CONTRACTOR CO.	BETWEEN ONSET AND DEATH				
LEADING TO DEATH 28 SANIMEDIATE CA	USE HEPATIC COMA				
(This does not mean the mode of dying, e.g., DUE 10, OR AS heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:				
injury or complication which caused death.					
ANTECEDENT CAUSES FOLL	MINANT HE PATITIS				
	S A CONSEQUENCE OF:				
underlying condition lest.	RUM HEPATITIS				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL    Condition given in Part 1 (a).					
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSYS (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)				
2 DEPARTS 1 At 10 T 1 1 1 Index 1 1	office bidg. INJURY OCCUR?				
10 TAL	- UNION MEM HESP				
21D-YIME (Month) (Doy) (Year) (Hous 21E INJURY OCCURRED While At   Not Whi					
(APPROX.) 4-5-71 While At   Not While At   Work					
22. I certify that (1) (this hospital) attended the deceased from AUGUST 20 1971 to SERTEMBER 11971					
that (i) (we) lost sow the deceased alive on STEPTEWBER	93 1971 ond that in(my) (our) opinion death occurred on the date				
and hour and from the couses stated obove. (1) (We) (did) (did not) view the body ofter death.					
23A, SIGNATURE	23B, DATE SIGNED				
OE W S INTERNOEGREE	ending Med. Staff V 9 21 7				
23 C. PHYSICIÁN'S	23D. ADDRESS				
NAME (Type)  CESAR VIUN RAD DEGREE					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)					
25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS				
SEP 28 1971 Robert & Far Ben 1200 0	1 WYA.C. MARCH 928 E. NORTH AVE				
VS 150-REV. 1/1/68 / 1/1/9 //					



1	2	74 0045	
	1.61	4 89,113	BALTIMORE CITY HEALTH DEPARTMENT
	1)-400	MEDICAL	L EXAMINER'S CERTIFICATE OF DEATH,

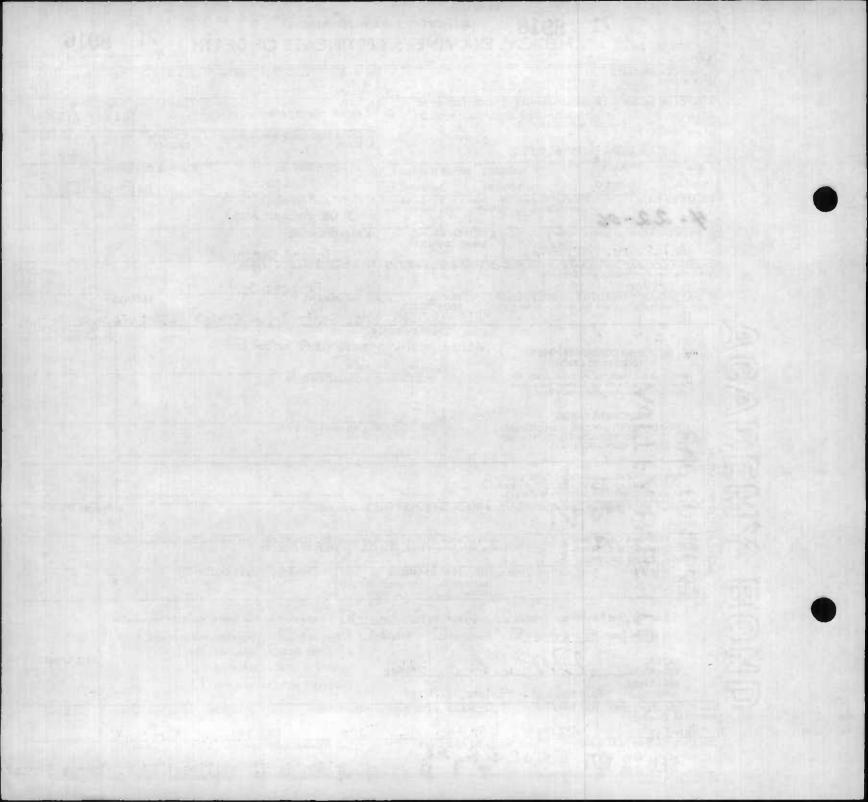
//		WEL	JICAI	L E/	CAMINER'S	LEKTIFI	CAIL	E OF	DEATI	٠	11		)
BIRTH NO.										REG. NO	0,	004	
1. NAME OF DEC	CEASED					2. DATE	Know	n 🐔	Month	Day	Year	Hour	
		SEVELT		. Na	KELLY	OF DEATH	Estim	oted 🗆	Sept	. 17,	1971		м.
4. PLACE IN BAL						3. DATE			Manth	Day	Yeor	Haur	
FULL NAME OF	(IF NO	SS OR LOCA	AL OR INS	TITUTIO	ON, GIVE STREET	PRONC	UNCED	SEAD	ept. 1	7; 197	71	6:00	P M.
OR INSTITUTION						5. USUAL I	RESIDENC					e befare adm	
Marva	1nd Ger	eral F	lospi	tal	(DOA)	A. STATE	Mary	land		. COUNTY		20	27
6. SEX	7. RACE		-		NEVER MARRIED	C. CITY OF		Land		D. INSIDE	CITY LIMITS	2	21
Male	Negro		WIDOV	_		Dol+							
9. DATE OF BIRT		10. AGE (II			DIVORCED Lider 1 Yr. If Under 24 Hrs.	E. STREET	imore				YES KX	ио Ц	
		lost birthda	y)	Monti	hs Doys Hours Min.				1000				
Oct. 7,		22	البر	10 6	ITIZEN OF	13. FATHER			d St.				
D 1													
Baltimore, Maryland WHAI COUNTRY? USA  124A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY			Leroy	Kell	У								
dane during most of w	rarking life, eve	exind of work en If retired)	145. KIN	OF B	SUSINESS OR INDUSTRY				E				
Mchg. Orp.					Aust	in							
16. WAS DECEAS Yes, na ar unknown	(If yes, give w	U.S. ARMED	FORCE:	5?	17. SOCIAL SECURITY NO.	18. INFOR					ADDRESS		
Yes					215-46-8493	Mr. &	Mrs.	Leroy	Kelly	403	N. Edg	gewood	Stree
19. 30	44		H		CAUSE OF DEA	TH						APPROXIMATE I	NTERVAL
DISEAS	E OR CONDI	TION DIRE	CTIY								loc i	WEEN ONSE!	AND DEATH
	LEADING TO				(A)IMMEDIATE C	Alice Tn	trave	nous	narcot	í sm			
(This does n	at mean the asthenio, étc.	mode of dy	Ing, e.g.,		DUE TO, OR A				1142000	2.0111			
	plication which												
	NIECEDENI (	CAUCCE											
DISEASES	OR CONDITIO	NS IF ANY	GIVING		DUE TO, OR	AS A CONSE	QUENCE (	OF:					
NISE TO THE	ABOVE CAL	JSE (A) STAT	ING THE		THE TOTAL STREET								
OTHER SIGN TO THE DEA DISEASE OR	O COMPINI	OIT [A31.			(c)								
OTHER SIGN		II	NIZDIDI.	711.10									
TO THE DE	THE BUT NOT	RELATED TO	THE TERM	INAL							65.		
20A DATE OF	CONDITION				AUTHOR ODGE ATION LAVA							***************************************	
B 7	OFERATION	208. COP	ADITION	FORV	WHICH OPERATION WA	S PERFORA	\ED				21. AUT	OPSY? (Yes	or No)
-												es	
UNDERLYING	TOR CONT			228. P!	LACE OF INJURY (e.g., farm, factory, street, office	n or obout	2C. WHE	RE DID (I	f In Boltimore	City, give e	xoct location		
UTING CA			- 1			0109., 010.,	TOOK! O	CCORI					
OF INJURY	Manth) (De	ay) (Year	) (Hou		E.INJURY OCCURRED	2	2F. HOW	LNI DID	URY OCCU	77			
(APPROX.)				m. W	ORK NOT	WHILE							
23.													_
1 certi	ify that I he	old on li	nquiry		Inspection Aut	opsy K	and th	at on th	ls basis, d	eath in m	y oplnion		
result	ed from: No	otural cou	ses K	Ac	cident Suicid	He He	micide [		ndetermine				
	10	2 0	(-		() . 1		CHIEF ME						
ACTUAL	IDE ( &	ins	LR	. <	Pasing et 2		STANT ME					DATE SIG	NED
SIGNATU	P'S			1	M.D.					7	0.7	0 71	
NAME (T	ype) Ch	arles	S. SI	prif	igate, M.D.	ASSC	CIATE ME	DICALEX	AMINER L	_	9-1	8-71	
24A. BURIAL CREA	AATION. 124	B. DATE			NAME of CEMETERY	CREMATO	RY	24D. L	OCATION	(City, lov	vn, or county	() (Sto	te)
REMOVAL (Specifi Buri	21	9-22-7	71									, (510	/
25A. DATE REC'D				AME	Arbutus Mem.	Park	TIMES A.		timore				
The same of the sa	- uraciji o	00		" -	p	25C. 1	UNERAL	DIRECTO	K		ADDRESS		
SEP 2	N.VA	MoBerl	15.3	Aylor	Ly, 162,	Arl	ingto	n.S.	Philli	ns 172	7 N N	lonroe	Stron
VS 151-REV. 1/1/68			-	,	1 18 3.	6)		6			4 14. 1	milling.	<del>muse</del> 6



8916	BALTIMORE CITY HEALTH DEPARTMENT
	FM A LAW IEDIO CEDEURO A

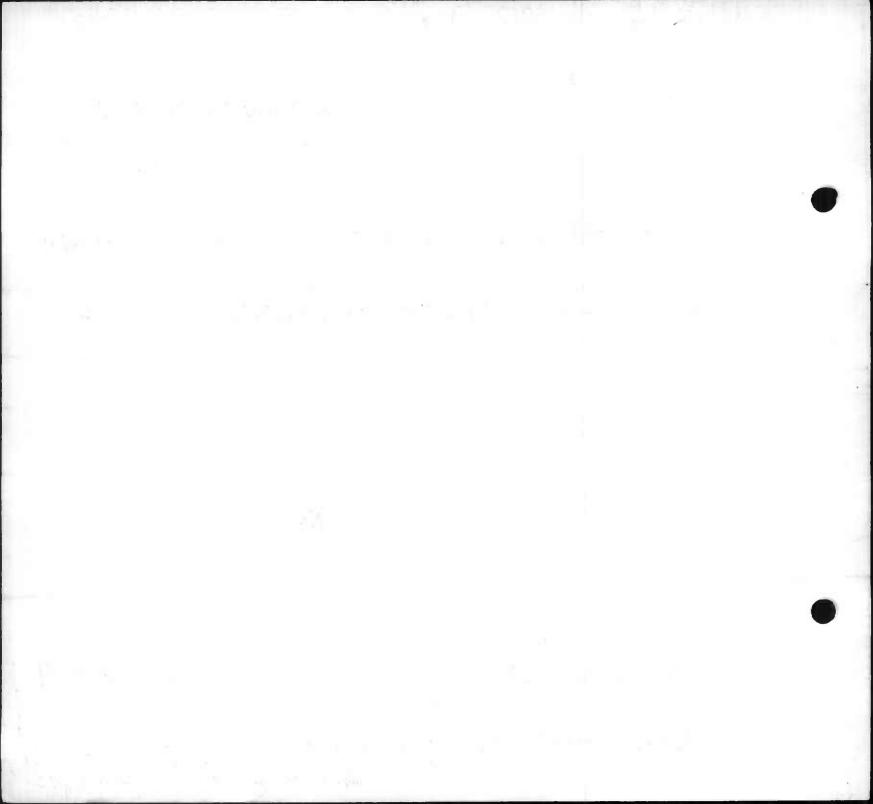
200, 3	
71	8916
-4-	OUT

2.636	BIRTH NO.  BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.  I. NAME OF DECEASED  MORIN DOWN	8916
	(Type or Print)  BERNELL CARTER  OF DEATH  Estimoted	Year Hnur
	HOSPITAL ADDRESS OR LOCATION)	Yeor Hour 1971 2:12 p
	Sinai Hospital  A. STATE Md.  B. COUNTY	sidence before admission)
	6. SEX 7. RACE NEVER MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY MARRIED DIVORCED XX Balto.	
	9. DATE OF BIRTH  4-22-06  10. AGE (In yeors   # Under 1 Yr.   H Under 24 Hrs.   E. STREET AND NUMBER    Months: Doys   Hours   Min.    5005 Palmer Ave.	
	Baltimore, Maryland  12. CITIZEN OF WHAT QOUNTRY?  Baltimore, Maryland  12. CITIZEN OF WHAT QOUNTRY?  Richard Carter	
	14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if refired)  Cab Driver  Frances Jones	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, noor unknown) (If yes, give wor or dotes of service)  NO  18. INFORMANT  18. INFORMANT  216-03-3510  Mrs. Sadie Brown Carter 2434 La	
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dylng, e.g., heort follure, osthenio, etc. it meons the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)	APPLE AVEILE APPLICATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	yes
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (if in Boltimore City, give exact in home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	ocation)
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURED. OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK  M. WORK AT WORK	
	23.  I cortify that I held on Inquiry Inspection Autapsy and that an this basis, death in my opin resulted from: Natural causes Accident Suicide Homicide Undetermined manner	inlen
	ACTUAL SIGNATURE EXAMINER'S  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 9-19-71
	NAME (Type) Russell S. Fisher, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or REMOVAL (Specify)	
EN SERVICE SELECTION	Burial 9-23-71 Arubutus Mem Park Baltimore, Maryla 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDITIONAL PROPERTY OF THE PRO	nd tess
	SEP 23 1971 Just E. Jaber 10 0 Arlington S. Phillips 1727	N. Monroe Stre



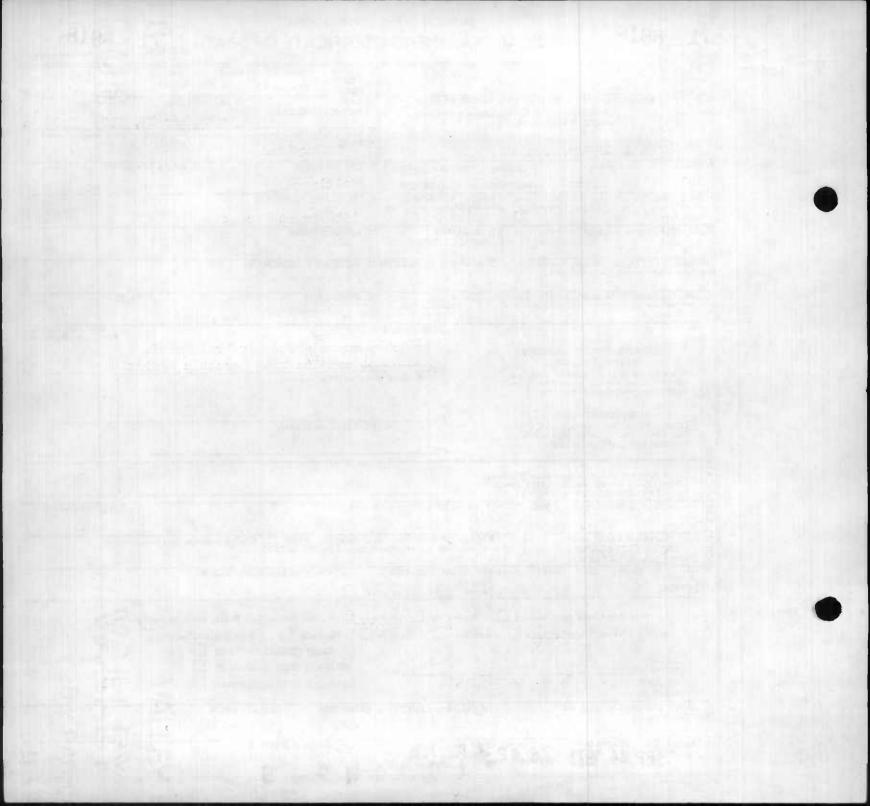
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

11	71 8917 BALTIMORE CITY HEALTH DEPARTMENT V 74 0047
-	CEPTIFICATE OF DEATH REG. NO. 1 891
- 11	DAIN NO.
	TAYLOR BERNARD RUSSELL 2. DATE AND HOUR OF DEATH 17. 21. 71. 9. 4.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE B. COUNTY.
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C.CITY OR TOWN D. INSIDE CITY LIMITS?
	UNIVERSITY HOSPITAL. SALISBURY YES NO SE
	BALTIMORE RIAWAKIN Dr Rt.#5
	6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Manths Doys Haurs Min.
	WIDOWED DIVORCED A7. 41. 40. 51 YRS
	Correctial OFFicer State Maryland Baltimore, Maryland U.S.A.
	3. FATHER'S NAME
	JOHN. M. TAYLOR. BESSIE TAYMAN.
	5. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.
	18. A CAUSE OF DEATH INTERVAL
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH  (A) IMMEDIATE CAUSE CARDIAC ARREST.
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES  (B) CORONARY ARTERY DISEASE
И	DISEASES OR CONDITIONS, if any, giving itse to the above cause (A) stating the
	UNDERLYING CONDITION last, (C)
I	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  199. CONDITION FOR WHICH OPERATION WAS PERFORMED  WAS PERFORMED  210. ACCIDENT WAS UNDERLYING TO COLUMN STONE WILLIAM OF THE PROPERTY OF THE
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19& CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH?
	T. 23. TI. WAS PERFORMED IN CERTIFTING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID home, form, fociary, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Heur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.)  While At Not While Work  At Work
	22. I certify that (1) (this haspital) attended the deceased from 8 31 19 7/ ta 9 21 19 7/
	that (i) (we) last saw the deceased alive an
	and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death.
$\parallel$	236 DAIE SIGNED
	23C. PHYSICIAN'S
	DR. GOPALA KRISHNAN DEGREE UNIVERSITY HOSPITAL
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. lown, or county) (Stote)
	BURIAL 9-24-1971 WICOMICO MEMORIAL PARK SALISBURY, WICOMICO, Md.
1	ADDRESS ADDRESS
	SEP 23 1971 Pale E. Nather PED 17 O HIMBAKEN-BOUNDS Home. SA/15 bury, Md.



MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH
111201011	TAN WALLE AFIL O		OI DEATH ACC

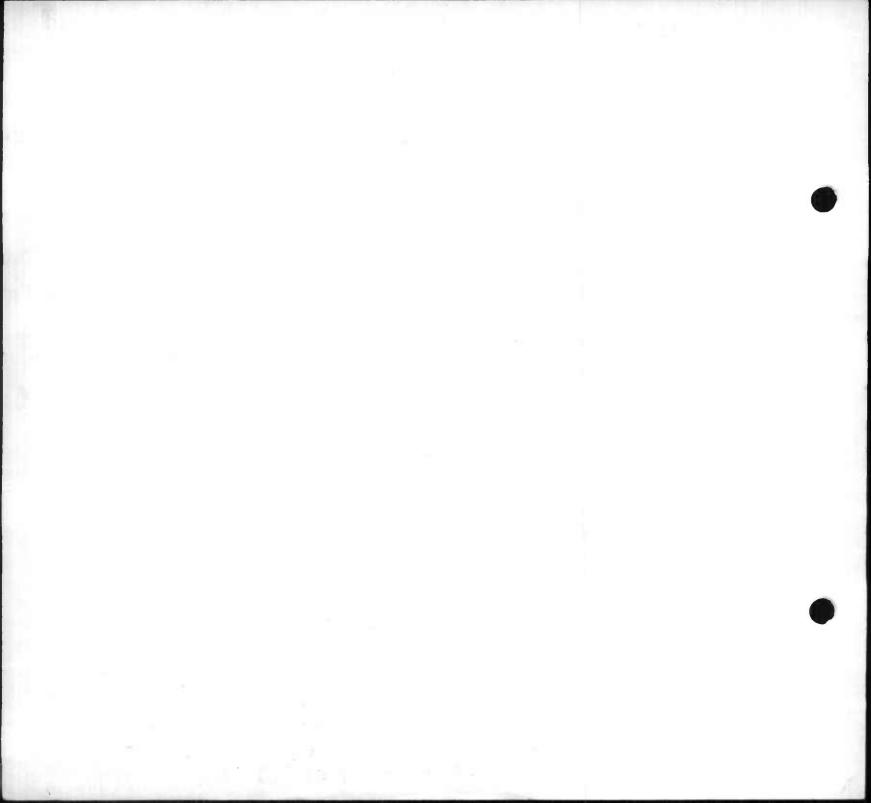
	BIRTH NO.   2. DATE   Known   Month   Day   OF   DEATH   Estimated	Year Hnur
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)  3. DATE  PRONOUNCED DEAD  September 2	Yeor Hour 23, 1971 5:30 Am.
	BON SECOURS HOSPITAL A STATE Maryland B. COUNTY	1402
	Mole Name Name De Name Name De Name Name De Na	YES NO
	1/13/50 lost birthdoy) 21 Months Days Hours Min. 1520 Brunt Street	
	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY? U S A  13. FATHER'S NAME  13. FATHER'S NAME  14. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
	NATHALIE	1 1
	14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give war or doles of service)  17. SOCIAL SECURITY NO. 18. INFORMANT IRS NATHALIE HALL, SAME  19. CAUSE OF DEATH	ADDRESS  APPROXIMATE INTERVAL
	LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, eithenlo, eit. It means the disease, injury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) yes
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., In or obout long) (If in Boltimore City, give exhome, farm, lactory, street, office bldg., etc.) INJURY OCCUR?	sact location)
	TOTAL TOTAL	
	OF INJURY (APPROX.)  m. WHILE AT NOT WHILE AT WORK	
•	OF INJURY (APPROX.)  MHILE AT NOT WHILE AT WORK AT WORK	



Such

P-30	AF15585			HEALTH DEPART	7-	G. NO. '7	1 891	9
BIRTH NO.	71 89	19	CERTIFICA	TE OF DE	AIH ( "			
1. NAME OF DEC (Type or Print)	_	. ,	te ,	2	DATE AND HOUR	F DEATH		
/		Ridgaly	Iwin A		8/30/	7/	8:0	PM.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	NCE (Where deceased B. COUNTY	lived. If institution:	residence before o	dmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN		D. INSIDE CITY	LIMITS?	00
	th Baltima	a. Gan	and Hora	GleN	BURNI	1 -	_	
43	The State Control	C C C	The state of the s	E. STREET AND N		/ -		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In		er 1 Yr If Under	er 24 Hrs.
M	N2960	WIDOWED	DIVORCED	8/27/2	lost birthday	/) Months	Per 1 Yr. If Under 1 Doys Hours	Min.
IOA. USUAL OCCU	PATION (Give kind of working life, even if retired)	108, KIND OF		11. BIRTHPLACE (S	tote or loreign country)	12. CI1	TIZEN OF WHAT	COUNTRY?
13. FATHER'S NAM	5 /			14. MOTHER'S MA	AIDEN NAME			
UNK	JOWN			Tud	y Ridge	elu		
15. Was Deceased	Ever in U. S. Armed For	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT	1	-	ADDRESS	
	,,		SECORIII NO.	HOSA	tal cha	ct		
18.	6-21-2		CAUSE OF DEAT	н			APPROXIMATE IN	
DISEAS	E OR CONDITION DI	RECTLY					BETWEEN ONSET A	ND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL		atory Dist	ress Syndron	NC S	days
heort foilure,	at meon the made of asthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE O	F:			
1 ' '	plication which coused	death.)	3		·		1	
	INTECEDENT CAUSES		(B) 1 ten	na Tunky				
	R CONDITIONS, if above cause (A)		DUE TO, OR AS	A CONSEQUENCE	OF:			
	CONDITION last.	ording the	(c)	*******				
_	- 11							
OTHER SIGNIF	CANT CONDITIONS CO							
DISEASE OR CO	ONDITION GIVEN IN PAR	T 1 (A).	HICH OPERATION	20A. AUTOPSY?	(Yes or No.) 208 IE V	ES, WERE FINDING	CONCIDERED	
OTHER SIGNIF TO THE DEATH DISEASE OR CO 19A. DATE OF	WAS PERI	ORMED	HICH OFERALION	N.		FYING CAUSES OF	DEATH?	7
21A. ACCIDEN	TING CAUSE OF	21 B. F	PLACE OF INJURY (e.g., i	n or obout 21C, WHE	RE DID (If	In Boltlmore City, gl		
DEATH (notify	TING CAUSE OF medical examined	home	, form, foctory, street, o	ffice bldg., INJURY C	OCCUR?		,	
OF INJURY	(Month) (Doy) (Year)		NJURY OCCURRED	21F. HOV	DID INJURY OCCU	R?		
(APPROX)		While	At Not While					
22. I certify	that-(t) (this haspital	) attended the	deceased from	8/27	19 <u>_^7(</u> +	a 8/3e	19	7/
	last saw the decease		8/30	19.7/	and that tn ( <del>my)</del>	•	ath accurred an	the date
and have and	from the causes stat	ed abave. (1)	(We) (dld) ( <del>dld not)</del> v	lew the bady afte				
23A. SIGNATU				,		23 B. D.A	TE SIGNED	
Varia	en a Ko	no / h	_ ( Dh.,	anding Med.	stor Stoff Phys.		e/zolni	
23G. PHYSICIA	N'S	J~	GEGREE Phy	23 D. ADDRESS	rnys, w		10/11	
DYAME (T)	JAMES A	Kapper	600		786H.			
24A. BURIAL CREA	MATION, 248. DATE		ME of CEMETERY OF CR		V24D PLOCATION	OF CHAR	YLAND	(Stote)
REMOVAL (S	pecify) 9-22-	71		AllAlon	1			
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME OF	REGISTRAR	U.S. FINARAL	SITY, MED	ICAL SC	TO COMPASS	
SEP 24	1971 Robert		KD. O O	MORT	UARY SFI	WICE .	RCHD	

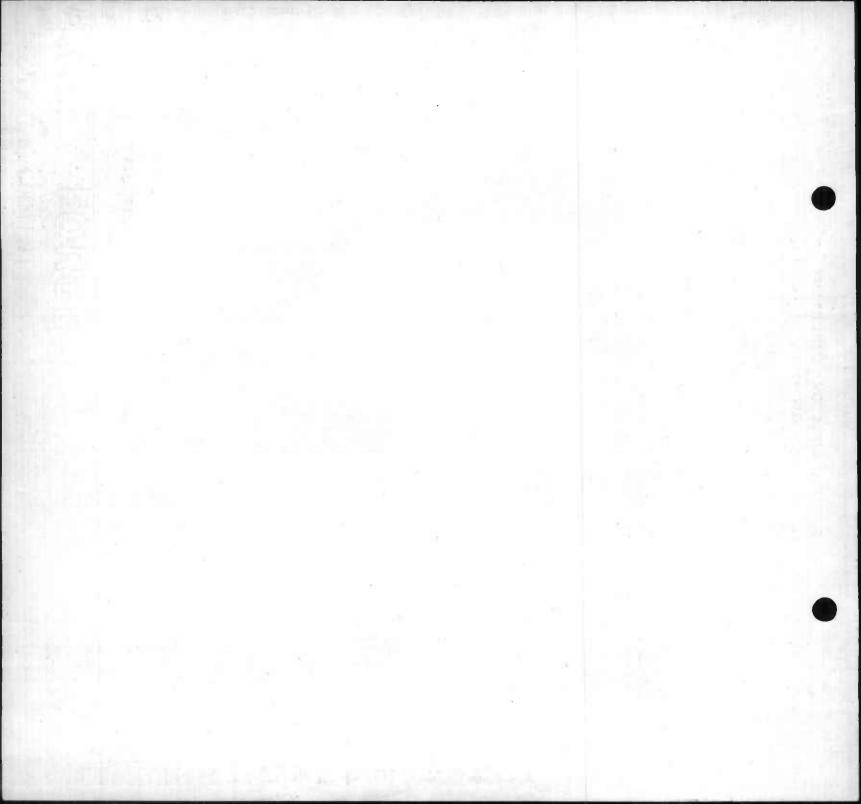
SEP 24 VS 150-REV. 1/1/68



### FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT	71	9020 V
BIR	HNO.241-153768920	CERTIFICA	TE OF DEATH	REG. NO.	0020
	pe or Print) Ruby Boog	4B4 Ridg	2. DATE AN	D HOUR OF DEATH	1 1002 D W
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	A. STATE B. COUNT	deceased lived. If institution	n: residence before admission)
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	C. CHY OR JOWN	D. INSIDE CIT	Y LIMITS?
	15 & BGH		15/1/	YES [	NO D
1			E-STREET AND NUMBER	ELICAN	J DRIVE
5. 5	M Negro WIDOW		8/27/71	lost birthday) Mont	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
	USUAL OCCUPATION (Giv€ kind of work 10B. KINI e during most of working lite, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country) 12. C	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	UNKNOWN		Tudy	Ridgely	
1S. (Ye	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	chart	ADDRESS
	18.	CAUSE OF DEAT	н -		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		110-10	0.1.	DET VICEN GNOET AND DEATH
	(This does not mean the made at dying,	e.g., (A) IMMEDIATE CAL	SE Nevatel A CONSEQUENCE OF:	asplykia	,
	hearl failure, aslhenia, etc. II means the dise injury at camplication which coused death.)	ase,	4	-	
	ANTECEDENT CAUSES	(0)	Prematur	ولسو	
	DISEASES OR CONDITIONS, il ony, gi	3	A CONSEQUENCE OF:	}	
	rise to the obove couse (A) stoling UNDERLYING CONDITION last.	(C)			
	ll l				
NO.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN	GS CONSIDERED
ERTIFIC	WAS PERFORMED		No	IN CERTIFYING CAUSES C	OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City,	give exoct locotion)
103	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
Z	(APPROX.)	While At Not While Work At Work	e 🔲		
	22. I certify that (I) (this haspital) attend	ed the deceased fram	-37-71	9 ta 8 -	77-7/ 19
	that (1) (we) last saw the deceased alive	an 8-37-71	19and the	at In(my) (aur) apinian d	leath accurred on the date
	and haur and fram the causes stated abav	e. (1) (We) (did) (did nat) v	riew the bady after death.		
	23A. SIGNAPURE	0	ation of the state of	c: " — d	DATE SIGNED
	Janus Ce. Cop	DEGREE Phy	s. Director	Phys. Z	8/27/71
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		( '
24/	James A. K	opper Mi) DEGREE	ANATOMY RO	ADD OF MAR	VIAND
24/	A. BURIAL CREMATION, 24B. DATE 24. REMOVAL (Specify)	C. NAME of CEMETERY of CR	HAMINUT TOU	PENEDRO OI TEMPLE	(Stote)
25/	A. DATE REC'D BY HEALTH DEPT.   258, NA/	ME OF REGISTRAR	UNIVERSITY	MEDICAL SCI	ADDRESS
234	258. NA/	7 - 6 (B. A)	MODTIM	DV CEDUICE	D CUD
VS	ISO-REV. SEP 24 ETT	ALCO CONTRACTOR	A MUNIUA	VI DEKAILE	- BUILD



#### This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

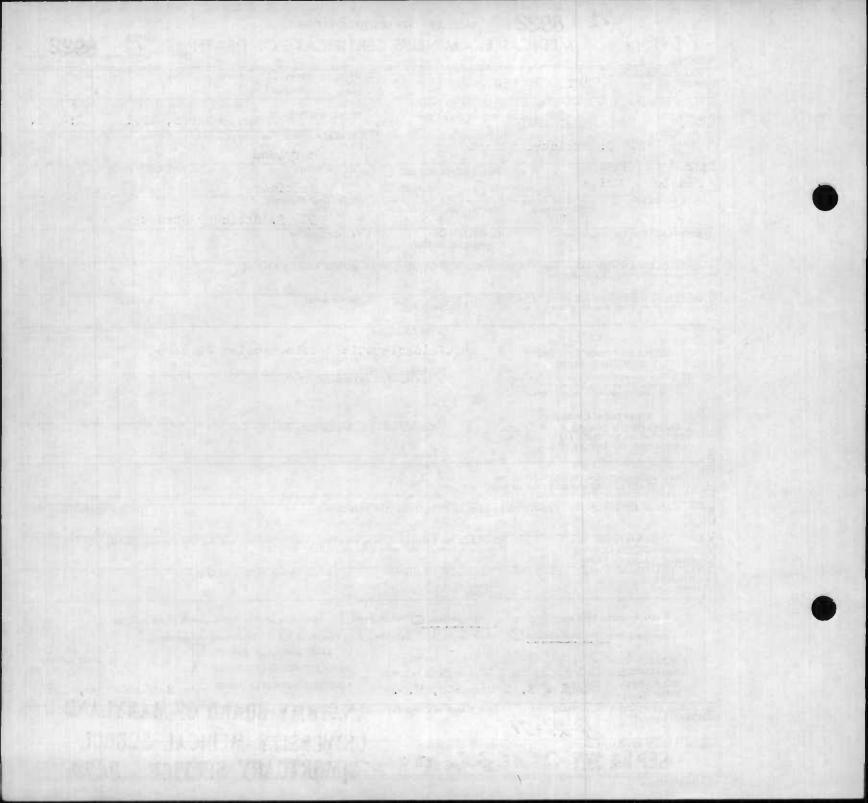
-	Dans			BALTIMORE CITY	HEALTH DEPARTMENT	'7:	1 8921
BIR	-200	71 89	21	CERTIFICA	TE OF DEATH	REG. NO.	
	AME OF DECI	EASED 1	0		2. DAJE	AND HOUR OF DEATH	
	pe or Print)	Dellion	Kore		19/13	3/7/ 11	145 PM
3.	PLACE IN BALT	IMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	A. STATE 48, CO	here deceased lived. If ins	tilution: residence before admission)
HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSP ADDRESS OR LO	ITAL OR INSTIT	UTION, GIVE STREET	c. CITY OR TOWN		DE CITY LIMITS?
	many	LAND	Francia	1 Hasp	E. STREET AND NUMBER	an solitoris.	YES NO
5. S	EX	6. RACE	7. 14 A PRIME	Alexandra (7	8. DATE OF BIRTH	9. AGE (In years	2/30/
	m	·N	WIDOWED		10-7-10	lost birthdayl	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A	. USUAL OCCU	PATION (Give kind of wo	ork 108, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or I	oreign country)	12. CITIZEN OF WHAT COUNTRY
	M	me		•	1/0		USA
13.	FATHER'S NAM	AE.			14. MOTHER'S MAIDEN N	IAME	
		-					
15.	Wos Deceosed	Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
li e	Pue of Aukuamui	(If yes, give wor or do	les of service)	SECURITY NO.			1
	18. 44. 44	22 1	- 10 L- 1	CAUSE OF DEAT	 		APPROXIMATE INTERVAL
	/ /	OR CONDITION	IRECTLY	41	0.0	1	BETWEEN ONSET AND DEATH
	1	LEADING TO DEATH	1	(A)IMMEDIATE CAL	eng	nitis	1
	(This does no	of mean the mode o	I dying, e.g.,	PALE TO CO 10	A CONSEQUENCE OF:	-	**********
	injury or com	licolion which cause	d deoth.)		1	0	
	A	NTECEDENT CAUSE	S	(B) 5000	u fagare	tun	
	DISEASES O	R CONDITIONS, it	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING	CONDITION last	signing toa	(c) Kyel	my faile	<u>~ l                                   </u>	
		11		1 -1	1 21	11	
ATION	OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING	Allaho	ter mell	1/X	
CAI	DISEASE OR CO	INDITION GIVEN IN PA	RT 1 (A).	/X THIS			***************************************
CERTIFIC	IVA-DATE OF	OPERATION 198. CO	REPORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
CER	21A. ACCIDEN	T WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(II In Rollimere	City, give exoct location)
18	OR CONTRIBUT	T WAS UNDERLYING ING CAUSE OF medical examined	hom etc.	e, form, factory, street, al	fice bldg. INJURY OCCUR?	h m common	City, give exoct acconony
ō	21 D. TIME OF INJURY	(Month) (Doy) (Year	(Hour 21E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
2	(APPROX.)		Wh Wo	ile At   Not White			
	22. I certify t	that (1) (this hospita	d) attended t		9/4/	19 7/ to 9/	192/_
	The state of the s	ast saw the deceas		9/13	19 > / and		Ion death accurred on the date
1 1				(We) (did) (did not) v	lew the bady after death		
	23A. SIGNATUI		1	7//	Town the body diter death		23B, DATE SIGNED
	18/00	ald s	1	M Of BEGREE Phys	nding Med. Director	Staff Phys.	9/13/5/
	23C. PHYSICIAN NAME (Ty	rs nel	- 4	DEGREE	23D. ADDRESS	1 01	11/1//
		ONALID	4.1	415 600	Spary	malo hope	A VOVET AND
24A	BURIAL CREM	ATION, 24B, DATE	24C.N.	ME of CEMETERY OF CRE	MADRA TO MILED.	DOCATION U (Cily)	lawn, ar count() (State)
	manual Autor (a)	9-20	-71		VINITURE CITY	V MEDICAL	SCHOOL
25A	DATE REC'D	BY HEALTH DEPT.		F REGISTRAR	GC. HUNELANDINECTO	THE PLANE	ADDRESS
	CEP 24	1971 Pale	BE Jab	EL MD. ()	0 4.9.	ATT CEDITICS	E RCHD

4/4

17.0.21 Born Richards Breed faforetin Hedrey Poster white mallife Romald H. The land Mr. Jand See Sie

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO I. NAME OF DECEASED 2. DATE Known Month Day Year Hour MARY (Type or Print) HUGHES OF Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2:45 P. September 8, 1971 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission) 204 S. Stricker Street A. STATE B. COUNTY Maryland C. CITY OR TOWN 6. SEX 7. RACE D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED Female White WIDOWED Baltimore YES \_\_ DIVORCED NO 10. AGE (In years H Under I Yr. II Under 24 Hrs. E. STREET AND NUMBER lost birthdoy) Months | Doys , Hours | Min. 204 S. Stricker Street 80 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 18. INFORMANT ADDRESS 17. SOCIAL SECURITY NO. CAUSE OF DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart loilure, osthenio, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (8).
DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22B. PLACE OF INJURY(e.g., In or obout 22C, WHERE DID (II in Boltimore City, give exact location) home, form, loctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB UTING CAUSE OF DEATH.

9. DATE OF BIRTH 11. BIRTHPLACE (State or foreign country) 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even If retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (il yes, give wor or dotes of service) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CERTI 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS Z 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOWDID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) WORK 23. I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my apinion resulted from: Natural causes X Accident Suicide Homicide \_\_\_ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER soman SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER September 9, 1971 Charles S. Springate, M.D. NAME (Type) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or REMOVAL (Specily) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR VS 151-REV. 7/1/68



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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 74 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Frances W. Childs 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A, STATE
B, COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS' University Hospital YES 2 Baltimore E. STREET AND NUMBER (leveland St mad S. SEX B. DATE OF BIRTH 9. AGE (In years 6. RACE 7. MARRIED NEVER MARRIED Months: Doys lost birthdoy Fem White WIDOWED DIVORCED lan 26 1907 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY? disposition done during most of working [ile, even if retired] USA Self employed Grocery Store Maruland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Dorseu Frances Dorssey 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. John (hilds 1245 (leveland 1B. myo cardius DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF emba heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) staling the UNDERLYING CONDITION Iosi. before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING MEDICAL

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF

(Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work

22. I certify that (1) (this haspital) attended the deceased fram and that In(my) (aur) opinion death accurred on the date that (1) (we) last saw the deceased alive an

ond haur and from the causes stated above. (1)(We) (did) (did nat) view the body after death. 23B, DATE SIGNED 23A, 5IGNATURE Attending Med

23C. PHYSICIAN'S NAMIL (Type) 23 D. ADDRESS

Eugenio E. Benitez, 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY

24D. LOCATION

Director

NO

Hours

APPROXIMATE INTERVAL

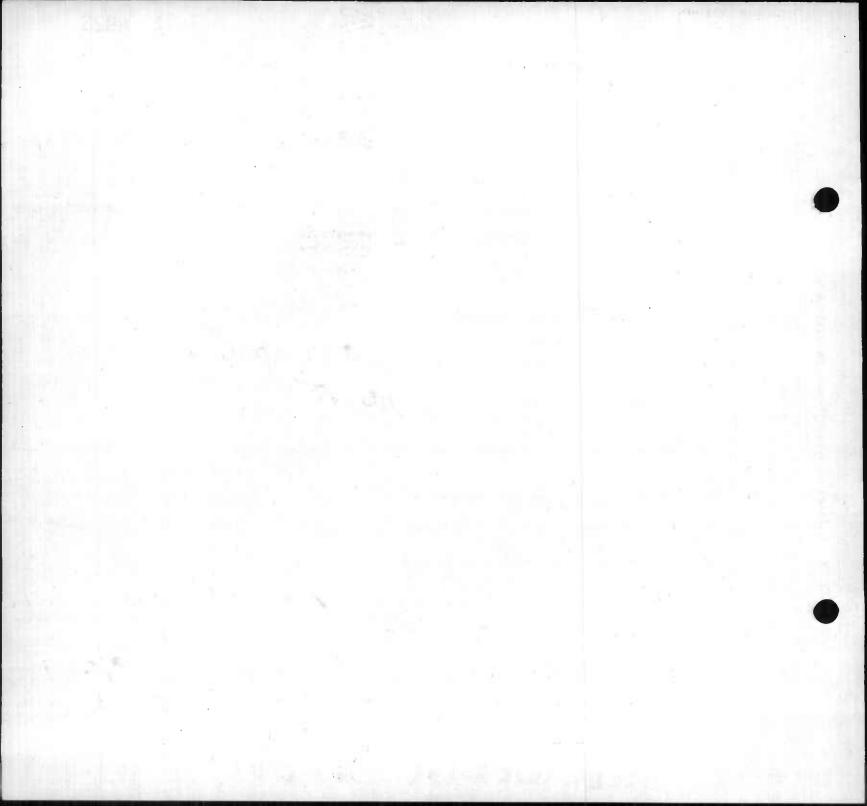
BETWEEN ONSET AND DEATH

ADDRESS

If Under 24 Hrs.

(City, REMOVAL (Specify) 60 floward Meadowridge (eneter

25A. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOS ADDRESS



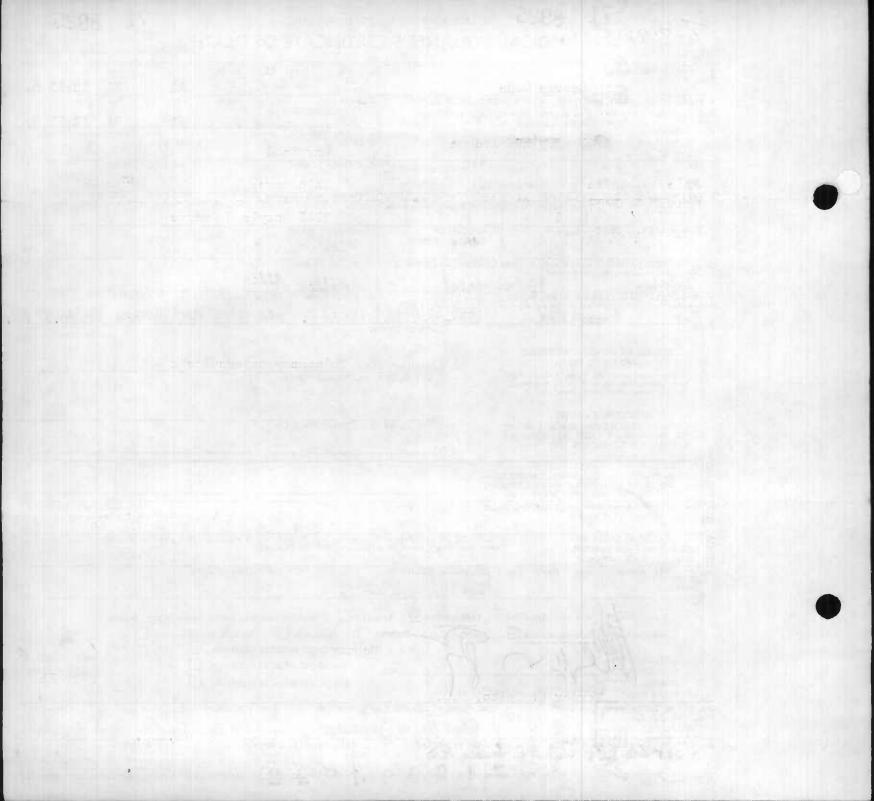
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Q BALTIMORE	CITY HEALTH DEPARTMENT
BIKIH NO.	CATE OF DEATH REG. NO. 71 8924
1. NAME OF DECEASED (Typo or Print)	2. DATE AND HOUR OF DEATH
BASIL JR. JOHN HERBERT	SEPTEMBER 20, 1971 4:30Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence below admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET AODRESS OR LOCATIONI	MARYLAND BALTI MORE  C. CITY OR TOWN CATONS VILLE D. INSIDE CITY LIMITS?
ST. AGNES HOSPITAL	XXXXXXXXX YES NO
CATON & WILKENS AVENUE	E. STREET AND NUMBER
BALTIMORE MARYLAND	207 ALTMONT AVE 21228
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years If Under 1 Yr It Under 24 Hrs.
MALE WHITE WIDOWED DIVORCED	11 01 24 46
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MANAGER (ASS\$STANT) CAR DEALER	MARYLAND U.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN HAME
JOHN H. BASIL SR.	MARY (WALLACE)
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown)[Iff yes, give war or dates of service] SECURITY NO.	17. INFORMANT WXKK 以X WILKENS A KODRESS 229
	887 ST AGNES HOSPITAL RECORDS CATON &
18. CAUSE OF D	EATH APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	cause restrictory range
(This does not mean the mode of dying, e.g., DUETO OF	R AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	0 - 11 0 0 -
ANTECEDENT CAUSES (26)	Metaxa SIS.
DISEASES OR CONDITIONS, if any, giving DUE TO, O	R AS A CONSEQUENCE OF: ()
nise to the above cause (A) staling the UNDERLYING CONDITION last. (C)	A Lung broncheogeni Caranon
H	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	120 A. AUTOPSY2 (Yes, or Noll 20R, IE YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (SIVEN IN PART 1 (A).  193. DATE OF OFERATION WAS PERFORMED  214. ACCIDENT WAS UNDERLYING 1 215 FLACE OF INJURY (C)	20A AUTOFSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING TICAUSE OF home, form, foctory, street	e.g. in or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
DEATH (notify medical examined etc.)	
DEATH (notify medical examined etc.)  21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED White At The Notice	
	White D
22. I certify that (I) (this hospital) attended the deceased from	
	1111 V 22 1971 to CEPTEMPED 20 171
ILLO INTERESTOR TO STOR THE GOCOLOGIC CITAE DISTRICT TO STORY	
· · · · · · · · · · · · · · · · · · ·	20 19 71 ond that In (My) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did)	20 19 71 ond that In (h(y) (our) opinion death occurred on the date of view the body after death.
· · · · · · · · · · · · · · · · · · ·	20 19 71 ond that In (Ny) (our) opinion death occurred on the date of view the body after death.
ond hour and from the causes stated obove. (I) (We) (did) (did/n) 23A. SIGNATULE  DEGREE	20 19 71 ond that In (*) (our) opinion death occurred on the date of the body after death.  Attending Med. Staff Phys.
ond hour and from the causes stated obove. (I) (We) (did) (did) in 23A. SIGNATURE  23C. PHYSICIAN'S  NAME (Type)  DEGREE	20 19 71 ond that In (n/y) (our) opinion death occurred on the date of the body ofter death.  Attending Med. Staff Phys. 23B, DATE SIGNED  23B, DATE SIGNED  23D, ADDRESS
ond hour and from the causes stated obove. (I) (We) (did) (did) in 23A. SIGNATURE  CLOU SWELL  DEGREE  23C. PHYSICIAN'S NAME (TWO)  DEGREE  DE	20 19 71 ond that In (Ny) (our) opinion death occurred on the date of the body ofter death.  Attending Med. Stoff Phys. 238, DATE SIGNED  238, DATE SIGNED  230, ADDRESS  GREE
ond hour and from the causes stated obove. (I) (We) (did) (did) in 23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  DEGREE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of REMOVAL (Specify)	20 19 71 ond that In (Ny) (our) opinion death occurred on the date standard the body ofter death.  Attending Med. Shaff Director Phys. 23B. DATE SIGNED  23B. DATE SIGNED  23D. ADDRESS  GREE  CREMATORY 24D. LOCATION (City, town, or county) (State)
ond hour and from the couses stated obove. (I) (We) (did) (did) in 23A. SIGNATURE  23A. SIGNATURE  23C. PHYSICIAN'S  NAME THE  24A. BURIAL CREMATION, 24R. DATE  REMOVAL (Specify)  Burial  9-24-1971  Woodlawn Cemet	20 19 71 ond that In (Ny) (our) opinion death occurred on the date standard the body ofter death.  Attending Med. Shaff Director Phys. 23B, DATE SIGNED  23B, DATE SIGNED  23D, ADDRESS  GREE , CREMATORY 24D, LOCATION (City, town, or county) (State)
ond hour and from the causes stated obove. (I) (We) (did) (did) in 23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  DEGREE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of REMOVAL (Specify)	201971ond that In () (our) opinion death occurred on the date of view the body ofter death.  Attending Med Staff 23B. DATE SIGNED  Attending Med Phys 23D. ADDRESS  GREE   CREMATORY   24D. LOCATION (City, town, or county) (State)  ery   Woodlawn, Maryland

Tarking to the same and the 

	AL EXAMINER'S	CERTIFICATE OF DEA	TH REG. NO.
BIRTH NO.		No part of F9	N III
1. NAME OF DECEASED		2. DATE Known Month	Day Year Hour
George To A. PLACE IN BALTIMORE, MARYLAND, WHER		DEATH Estimated 9	21 71 12:13 A.M.
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	PRONOUNCED DEAD	21 71 12:13 A.M.
or institution 2747 Maryla	nd Assentie	5. USUAL RESIDENCE (Where decease A. STATE	d lived. If institution: residence before admission)  B. COUNTY
	na Avenue	Maryland	1200
	MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
	DOWED DIVORCED	Baltimore	YES X NO
9. DATE OF BIRTH 1931 lost birthdoy) 40	Months Doys Hours Min.	2747 Maryland	Avenue
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME John Tote	
14A.USUAL OCCUPATION (Give kind of work 148.	KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)	Indicate in 1	11-11: Allie	
16. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no or unknown) (1) yes, give wor or does of se	RCES? 17. SOCIAL SECURITY NO.	18. INFORMANT (Brother)	ADDRESS
Yes Karean Wan	232-42-8057	David T. Tote 140	5 Pank Avenue Balio 17 A
19.	CAUSE OF DEA	ATH .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	/ANIMMEDIATE	CAUSE Pulmonary tuberc	ulosis
(This does not mean the made of dying, heart follure, asthenio, etc. it means the dise	CO. DIETO OP	AS A CONSEQUENCE OF:	
Injury or complication which coused death.)			
ANTECEDENT CAUSES	(0)		
DISEASES OR CONDITIONS, IF ANY, GIVEN RISE TO THE ABOVE CAUSE (A) STATING	VING DUE TO, OR	AS A CONSEQUENCE OF:	
I LINDERLYING CONDITION LAST.	INE		
Z .	(c)		
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 20A. DATE OF OPERATION 20B. CONDIT	TERMINAL		
DISEASE OR CONDITION GIVEN IN PART		AS PERFORMED	21. AUTOPSY? (Yes or No)
S SALE OF GLERAHOIT LOSS CONDI	IOIT FOR WINCH OF ERRIOR TO	TERFORMED	No
₹ 22A. EXTERNAL CAUSE WAS	1228 PLACE OF INTERPLE	, in or obout 22C. WHERE DID (If in Bolt	
UNDERLYING TOR CONTRIB-	home, farm, lactory, street, off	e bidg., etc.) INJURY OCCUR?	more city, give exact tourion)
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year)	(Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY O	CCUR?
OF INJURY (APPROX.)	WHILE AT _ NO	T WHILE -	
23.	m. WORK L AT	WORK	
	Iry Inspection A	stopsy and that on this bas	Is, death in my opinion
resulted stoly Matural causes			mined manner
		Deputy CHIEF MEDICAL EXAMIN	
ACTUAL //// / //	7 M	ACCICTANT MEDICAL EXAMINE	DATE SIGNED
SIGNATURE	M.	D.	0 21 71
EXAMINER'S NAME (Type) Werner U.	Spitz, M.D.	ASSOCIATE MEDICAL EXAMIN	EK LJ
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETER	or CREMATORY 24D. LOCATI	ON (City, town, or county) (State)
REMOVAL (Specify)	(1 11	- ,	0 11 1 1 1
25A, DAVEREC'DBY HEAVILDEP 2 12	SR. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
SEP 24 BV Valent	E. Jaben K.D.		120 C T 1 A
1 6	71000	1 Moudu buneral	Home 130 E. Fort Avenue
VS 151-REV. 3/1/68	and L	60 60	



# FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Such deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

D-300 71 8926	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO.	CERTIFICATE OF DEATH
(Type or Print) ITTY, ROBERT (NMN)	SEPTEMBER 21,1971 5:50 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION	[MARYIAND
SI AGNES HOSPITAL	RALTIMORE VESTO NOT
40 WILKENS & CATON AVE.	
BALTIMORE, MARYLAND	I 1921 CASADLL AVENUE 21230
S. SEX   6. RACE   7. MARRIED   N	NEVER MARRIED   8- DATE OF BIRTH   9- AGE (In years   If Under 1 Yr. Hours Min.   19- 19- 19- 19- 19- 19- 19- 19- 19- 19-
THE STATE OF THE S	INESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  GUARD STATE OF	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Ditty	Agnes (Unknown)
15. Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL 17. INFORMANT RALTIMODE MAD VIAND 21220
NO 2	BALTIMORE MARYLAND 21229 13 20 3469 ST. AGNES HOSPITAL WILKENS&CATONXX
18./6.2./1	CAUSE OF DEATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Carcinona of the Lung
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A)IMMEDIAIE CAUSE
heart failure, asthenia, etc. It means the discose, injury or camplication which caused death.)	DUE 10, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS A CONSEQUENCE OF:
rise la the above cause (A) slaling the UNDERLYING CONDITION last.	(c)
- 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
■ IDISEASE OR CONDITION GIVEN IN PART 1 (A).	(1) O Pro-1704
WAS PERFORMED	OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF hame, for DEATH (noisity medical examined	CE OF INJURY (e.g., in ar obout 21 C. WHERE DID (If In Boltimare City, give exact location) my, factory, sheet, office bidg., INJURY OCCUR?
	URY OCCURRED 216. HOW DID INJURY OCCUR?
(APPROXI	Not While At Work
22. I certify that (1) (this haspital) attended the de	occased from SEPTEMBER 18 1971 to SEPTEMBER 21 1971
that ( (we) last saw the deceased office an SEP	The state of the s
and hour and fram the causes stated abave. (4) (We	e) (did) (this yes) view the body after death.
23A. SIGNAYORE LOS Valare	Attending Med. Stoff Mod. Oirector Phys. Stoff Director D
23C. PHYSICIAN'S	22D ADDRESS
PERFECTO VALARAO, M.D	BALTO MU 21229
	of CEMETERY OF CREMATORY 24D. LOCATION (City, fown, or county) (Stole)
Burial 9-24-1971 Glen	Haven Cemetery GlenBurnie, Anne Arundel Co., Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	GISTRAR 25C. FUNERAL DIRECTOR ADDRESS
SEP 24 1979 Paber E. Janber, 1	Howard H. Hubbard, 4107 Wilkens Ave. 21229

30,812 AND THE RESERVE OF THE PARTY OF Carry of the state

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

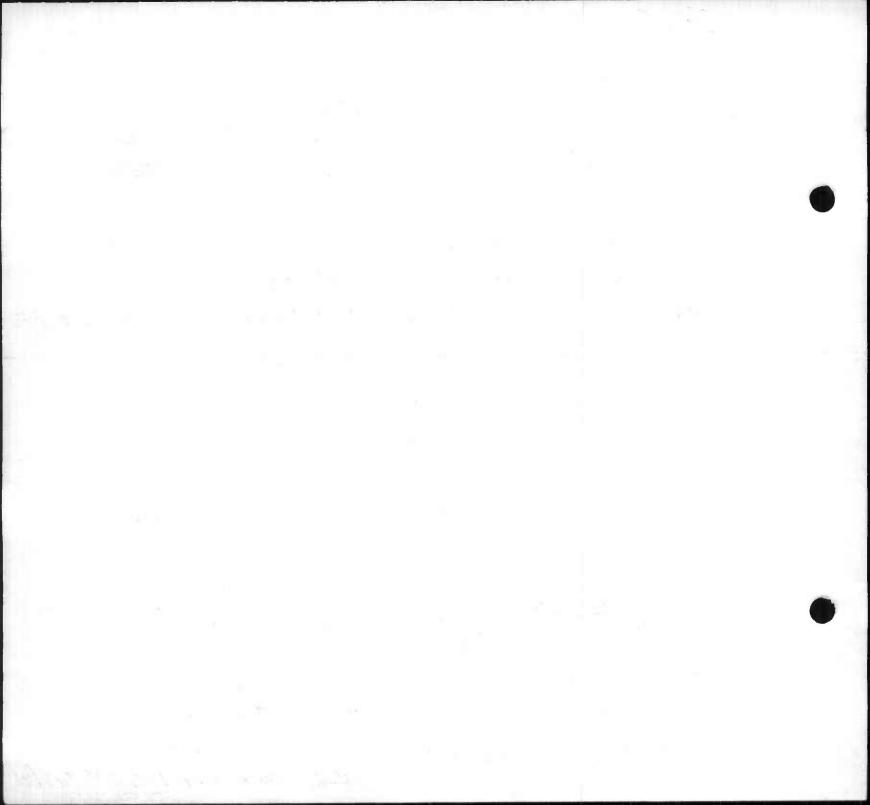
Such

	1 10-			BALTIMORE CITY	HEALTH DEPARTMENT								
BI	- 420 RTH NO.	-	927	CERTIFICA	TE OF DEATH	REG. NO	1 8927						
	1. NAME OF DECEASED (Type or Print)					ID HOUR OF DEATH							
-	BLACE IN BALL	TIMORE MARYLAND,	MAR(	GARET A.	SEPT	EMBER 20, 1	971 4:10P M.						
3.	PLACE IN BAL	IMORE MARILAND,	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Whe	ITY	4.00						
H	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTI ADDRESS OR LOCATION)			TUTION, GIVE STREET	MARYLAND C. CITY OR TOWN CATTO	Baltin NSVILLE D. INSIDE							
1	8	ST AGN	ES HOS	PITAL	XXXXXXXXXXXX	1/2 A TTTT	res 🗌 No 😿						
	40				E. STREET AND NUMBER	Zin Shan-	W911 Rd						
					XXXX XXXXXXXXXX	FEIT TOND"	was I LM.						
5.	SEX	6. RACE	7- MARRIE	D NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. if Under 24 Hrs.						
	EMALE	WHITE	WIDOWE		06/ 9 /88	83	Tours Days Hours						
10	USUAL OCCU	JPATION (Give kind of working life, even if retired	ork 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore		12. CITIZEN OF WHAT COUNTRY?						
	OUSEWIF		<b>'</b>		LITHUANIA		USA						
_	FATHER'S NAM				14. MOTHER'S MAIDEN NA	ME	<u> </u>						
	,	The land of the land											
16		Unknown ) Ever in U. S. Armed F		enkas	Unknown								
(Ye	s, no or unknown)	(If yes, give was or do	ites of service	SECURITY NO.	BALT MORE	MD 21229	ADDRESS						
	No			216036320		ECORDS WILK	ENS & CATON AVE						
	18.4//	.91		CAUSE OF DEAT			APPROXIMATE INTERVAL						
	DISEAS	E OR CONDITION E	DIRECTLY		1. 1		BETWEEN ONSET AND DEATH						
		LEADING TO DEATI	-	/ANIMMEDIATE CAU	SE Haute Myou	redered broke	ection 4 dars -						
	(This does no	of mean the mode of asthenia, etc. It mean	of dying, e.g	DUE TO, OR AS	CONSEQUENCE OF:		- Contraction of the Contraction						
	injury or com	plication which cause	d death.)	4									
		ANTECEDENT CAUSE	S	Asther	ioscheratic Lea	at dian	- indeton.						
	DISEASES O	R CONDITIONS, if	any, civin	DUE TO, OR AS	A CONSEQUENCE OF:	or acuta	7						
	rise to the	above cause (A	) stating th	e									
	UNDERLYING	CONDITION last.		(c)									
Z		11											
ATTON	TO THE DEAT	ICANT CONDITIONS C H BUT NOT RELATED TO	THE TERMINAL										
CA	DISEASE OR CO	OPERATION 198 CO	ART I (A).	***************************************	1204		*******						
ERTIFI	O DATE OF	WAS PE	RFORMED	WHICH OPERATION	NO	IN CERTIFYING CAUSE	DINGS CONSIDERED ES OF DEATH?						
CER	21A. ACCIDEN	IT WAS IINDERIVING		B. PLACE OF INJURY (e.g., in		M : 2 M							
AL	OR CONTRIBU	TING CAUSE OF	Li h	ome, form, factory, street, of	ice bldg. INJURY OCCUR?	(It in Boltimore C	City, give exact location)						
U		medical examined		c.)									
(EDI	OF INJURY	(Month) (Doy) (Year		E INJURY OCCURRED	21F. HOW OID INJ	URY OCCUR?							
Σ	(APPROX)			/hile At Not While									
22. I certify that (1) (this hospital) attended the deceosed from SEPTEMBER 16 19 / I to SEPTEMBER 20 19 / I													
that (%) (we) last saw the deceased alive an SEPTEMBER 20 19 71 and that In (My). (aur) opinion deoth occurred on the date and hour and fram the couses stated above. (1) (We) (did) (d) (d) (d) (d) (d) (d) (d) (d) (d) (						n deoth occurred on the dote							
							23 C. PHYSICIAI		//	DEGREE	3D. ADDRESS		26
							DR P	AULO WESTF	HALEN,	M.D.	T ACHEC HOCD	MORE MD 212	
24/	BURIAL CREA			DEGREE			S & CATON AVES						
	REMOVAL IS	and the same	27001	AL APPAREITMENT OF CHE	MINIORI ZAD. LC	OCATION (City.							
Burial 9-24-1971 Holy Redeemer Cemetery Baltimore, Maryland					3		towing of coomy,						
	Buria1	9-24-			metery Ba	ltimore, Mary							
25/	Buria1	9-24-	258. NAME	oly Redeemer Ce	25C. FUNERAL DIRECTOR		land ADDRESS						
25/	Buria1	9-24-	258. NAME		25C. FUNERAL DIRECTOR		land						

DESCRIPTION OF THE PROPERTY OF

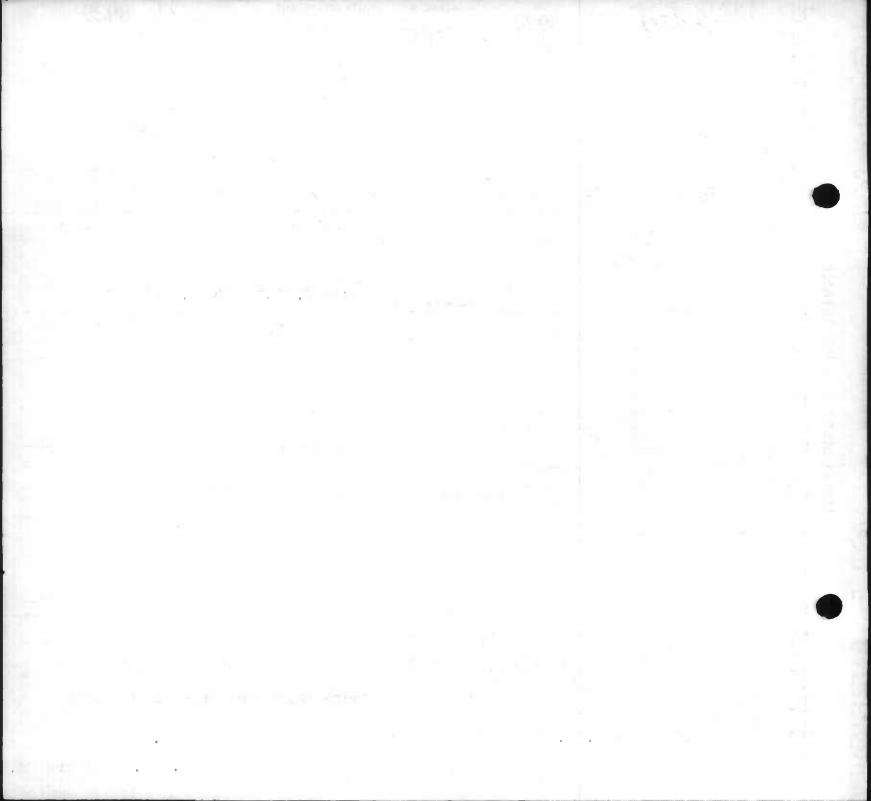
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	T- 165 BALTIMORE CIT	TY HEALTH DEPARTMENT 71 8928					
	BIRTH NO. 71 8928 CERTIFICA	ATE OF DEATH REG. NO. 71 8928					
	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
	TAVBRON, NAZE	9-21-71 1 41° PM					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) A. STATE B. COUNTY					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. 1402					
-	Mn Capal Klas A	C. CITY OR TOWN  D. INSIDE CITY LIMITS?					
	827 LINIDEN) AND	E. STREET AND NUMBER					
	BAT MO	1706 MARKON AVE.					
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years II Under 1 Yr. II Under 24 Hrs. Months; Doys : Hours : Min.					
	WIDOWED DIVORCED TO THE PROPERTY OF BUSINESS OF INDUSTRE	3-10-25 46					
	done during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME	MA					
	1:11:5	14. MOTHER'S MAIDEN NAME					
	5. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS					
	Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	MIC					
	18. CAUSE OF DEA	TH APPROXIMATE INTERVAL					
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
3	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CA						
	hearl failure, osthenia, etc. it means the disease, injury ar complication which caused death.)	S A CONSEQUENCE OF:					
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	s A CONSEQUENCE OF: (Ancyce dally)					
	underlying condition last. (c) CVA - prob respective comession						
	(//						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	ODISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED					
	WAS PERFORMED -	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
U 27A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Bollimore City, give exert local Control of the control of the							
	DEATH (notify medical examine)						
	21D. TIME (Month) (Doy) (Yeoi) (Hour) 21E, INJURY OCCURRED  White At The Month of the White At The Month of the White At The Month of the White At The Month of the White At The Month of the White At The Month of the White At The Month of the White At The Month of the White At The Month of the White At The Month of the White At The Month of the White At The Month of the White At The Month of the White At T	21F. HOW DID INJURY OCCUR?					
Work At Work							
22. I certify that (1) (this haspital) ettended the deceased from 9-18 19 71 to 9-21							
	that (I) (we) ast saw the deceosed alive on	19and that in(my)(aur)opinion death occurred on the date					
	ond hour ond from the couses stoted obave. (1) (Well (did) (did not)						
23C. PHYSICIAN'S NAME (Type)  Attending Med. Director Phys.  23B. DATE SIGNED  Q-21-71							
						.	Arnold G Alexander un
	DEGREE	EMATORY 240. LOCATION (City town, or county) (Stote)					
	BURIAL 9/22/11 as Intus Me						
	SA DATE REC'D BY HEALTH GET. 258. NAME OF REGISTRAR	Lestras Funeral Home 1701 M. Culled					
	SEP 24 MI VAREE C. PRESE, T.	Mahian turarel Hone 1701 M. Cullon					
,	\$ 150-REV. 1/1/68	conce me					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

0 1 1514	BALTIMORE CITY	HEALTH DEPARTMEN	IT	71 9020
BIRTH NO. MANDY MANDY	CERTIFICA	TE OF DEAT	H REG. NO	1 0020
I. NAME OF DECEASED		RINTA) 2. DA	E AND HOUR OF DEATH	1
(MAND) Rinta, Mandy (MAND)	1 6:45 RM			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED OEAO	A. STATE B.	IWhere deceased lived, If i	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	Maryland C. CITY OR TOWN	Baltimore Ci	SIDE CITY LIMITS?
South Baltimore General Ho	spital	Baltimore	city	YES 🗹 NO 🗌
+3	7	626 S. 6		
5. SEX   6. RACE   7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Ye , If Under 24 Hrs.
Female White WIDOWED	DIVORCED [	10/12/190		Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State of	s foreign country)	12. CHIZEN OF WHAT COUNTRY?
Housewife		Finland		FINLAND
13. FATHER'S NAME		14. MOTHER'S MAIDE	NAME	
Kalle Tissari		?		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (if yes, give war or dates of service)		17. INFORMANT		ADDRESS
	SECURITY NO.	Hugo J.R	inta,626 S.	Quail St
18. // 7 7 /	CAUSE OF DEATH		- 4 . 4	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Congest	ive Heart 7	ailure	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE		i
iThis does not mean the mode of dylag, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)				1
ANTECEDENT CAUSES	(n)			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.				
THE TAXABLE PARTY OF THE PARTY	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL IDEASE OR CONDITION GIVEN IN PART 1 (A).				
O DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHI  WAS PERFORMED  21A, ACCIDENT WAS UNDERLYING 1	CH OPERATION	20A. AUTOPSY! (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PL	CE OF INTHEV (o. a. te	as chart 21C WHERE I	MD (If to Political	
	orm, factory, street, of	n or about 21 C. WHERE E fice bidg., INJURY OCCI	IR? (It in Bailine	ore City, give exact location)
O 21D-TIME (Month) (Day) (Year) (Hour 21E IN.	URY OCCURRED	215 HOW DI	NJURY OCCUR?	
While Work	Not While			
22. I certify that "N (this hospital) attended the c		ent. 16	19 _7/_ to	et 17 19.71
that (N) (we) last saw the deceased alive on	4466846 HOIL ************************************		V	
	1			inian death occurred an the date
and hour and from the causes stated above. (1) (V	(e) (did) (did not) v	lew the body after de	ath.	
Chin Sung Chan M.D. Attending Med. Stoff Phys. Sapt. 17,71				
24A. RIIDIAI CREMATION 248 DATE	DEGREE			
REMOVAL ISpecify)	e of CEMETERY of CRE			City, town, or county) (State)
	Lawn Ceme		Baltimore 1	
SEP 24 1871 (LaBert E. Range of a		HENRY SA		.INC.Baltimore Md
V\$ 150-REV. 1/1/68				



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An accident

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obtained

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approval

22. I certify that (1) (this hospital) attended the deceased from... that(1)/(we) last saw the deceased alive on 120

10Am 12/14/mg 7/

Med.

and that in (my) (aur) opinion death accurred on the date

4940

and hour and from the causes stated above (() (We) ((Id))(did not) view the body after death.

23A.GIONALURE 23C. PHYSICIAN'S NAME (Type

9/23/71

Attending | Phys.

DEGREE

Oak Lawn Cemetery

23D. ADDRESS

Director

23 B. DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify)

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

21224 (City, town, or county)

(State) Baltimore, Maryland

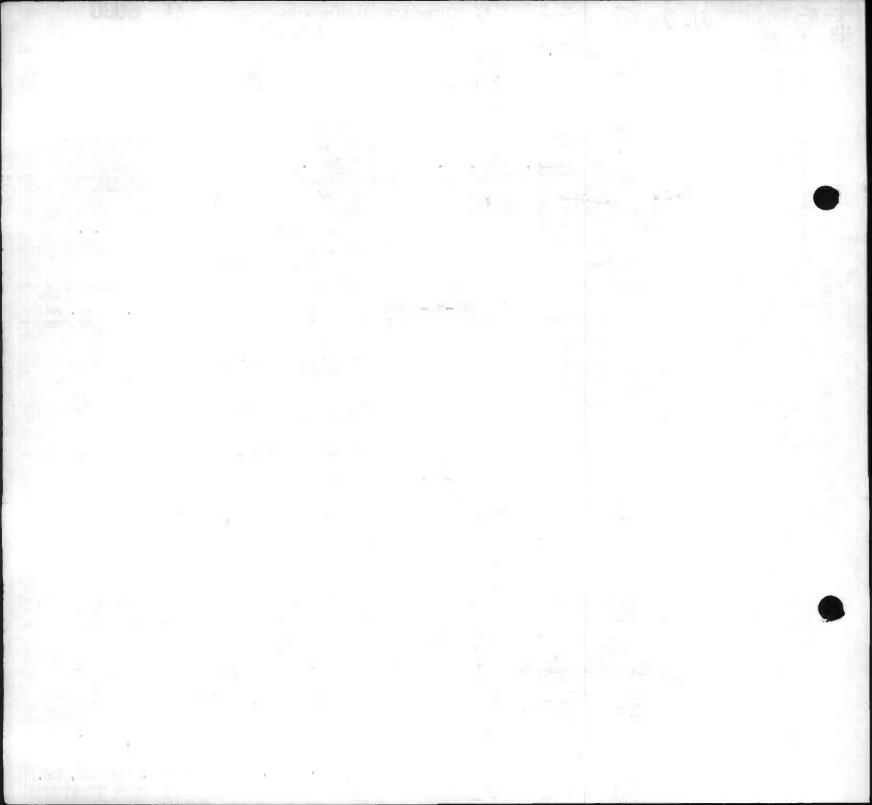
25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

John J. Duda 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

Burial



#### IMPORTANT FUNERAL DIRECTOR:

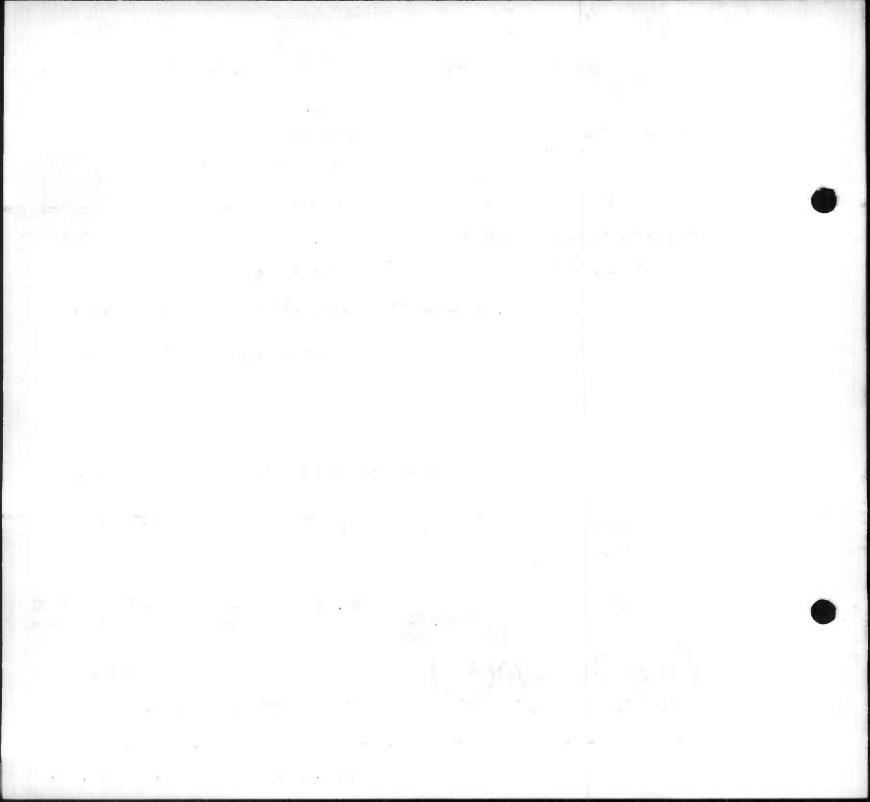
CERTIFICATE OF DEATH Deceased of death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Lo Sept. 21. 1971 Kenneth Leland Bobo hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (2) contributing cause Md. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN cause; attend O Public Health Service Hospital Baltimore prior 3100 Wyman Parkway E. STREET AND NUMBER 3161 Baybriar Rd. occurred (4) Undetermined made. regular 5. SEX 6. RACE 9. AGE (In years 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH deceased WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10R. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or loreign country) disposition = done during most of working life, even if rettred) Bethlehem Steel Mechanical operator Md. MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas H.L. Bobo Rosa Shade death 00 15. Was Deceased Ever in U. S. Armed Forces? (Yes.no or unknown)[(II yes, give war or dates of service) 6. SOCIAL SECURITY NO. 17. INFORMANT final attendance 217-05-4637 No any pronounced 18. CAUSE OF DEATH 10 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH Bilateral focal pneumonia (A) IMMEDIATE CAUSE IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, DUE TO, OR AS A CONSEQUENCE OF regular injury ar complication which caused death.) ANTECEDENT CAUSES (B)
DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the remains UNDERLYING CONDITION last MOS CERTIFICATION Right parieto-occipital astrocytoma OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL No physician DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the 20A. AUTOPSY? (Yes of No!) WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where hospital MEDICAL DEATH (notify medical examined any nature; obtained OF INJURY (Month) (Doy) (Your) (Houd 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 approved (except Not While (APPROX.) and 22. I certify that (1) (this hospital) attended the deceased from Aug. that (1) (we) last saw the deceased alive an. and that In (my) (aur) opinion death accurred on the date of death) hospital and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. the body was released shows: (1) An accident must 23A. SIGNATURE 23B DATE SIGNED Attending [ Med. Director 0 approval Phys. 8 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS ata Robert E. Bellivean. Surg US PHS Hospital. Balto. Md. D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24C. NAME of CEMETERY of CREMATORY deceased 24D. LOCATION (City, town, or county) written 9-24-71 Meadowridge Mem. Park Dersey, Maryland 258. NAME-OF REGISTRAR-25C FUNERAL DIRECTOR Duda 7922 Wise Ave. Dundalk, Md. VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) D. INSIDE CITY LIMITS? NO YES [ Il Under 1 Yr. Il Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Records US PHS Hospital. Balto. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Days l yr. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes (If In Baltimore City, give exact location) Sept. 21

9/21/71

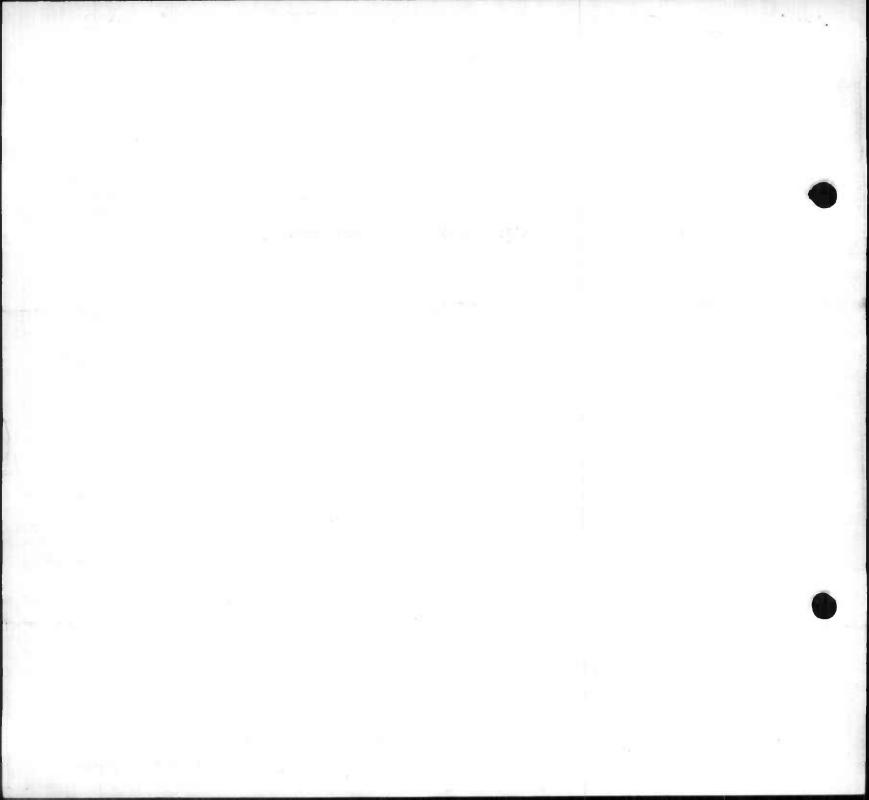
(State)

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

4-652 71 8932		HEALTH DEPARTMENT		8932						
BIRTH NO.	/	TE OF DEATH								
1. NAME OF DECEASED	est nume.	2. DATE	AND HOUR OF DEATH	. 7 3-1						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	Lence	14. USUAL RESIDENCEAV	Vhere derbosed lived If in-	litution: residence before admission)						
	ICED DEAD	A. STATE 8. CO	UNTY	monon, restoence beloto domission)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT HOSPITAL OR ADDRESS OR LOCATIONI INSTITUTION	ION, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?						
Univ. of md. 14	as D	Ballimo	ie	YES NO						
aniv.	7.	E. STREET AND NUMBER	00 0							
5. SEX   6. RACE   7. MADDIED	14	8. DATE OF BIRTH	9. AGE (In yours							
M WIDOWED		9/11/04	last birthdoyl	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.						
10A, USUAL OCCUPATION Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State of	loreign country)	12. CITIZEN OF WHAT COUNTRY?						
	ransit Co	Texas Maryla	nd							
13. FATHER'S NAME		14. MOTHER'S MAIDEN	MAME							
John Lawrence		Jessie	Fdra-							
15. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT MA	Edna, Jessie men	ADDRESS						
(Yos,no or unknown) (If yes, give wer or dates of service)	SECURITY NO. 213-10-0800	Dr I D	rughter.	6803 L-vera 1/ Au						
118. / / 2 / 1	CAUSE OF DEATH		cuy niek,	APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH						
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Lineur	onía.	1 wh						
IThis does not meon the made of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		CONSEQUÊNCE OF:	<del>V</del>							
ANTECEDENT CAUSES	mot.	c++: 7		W. W.						
DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	nnchogen	, c ca, 7 mos						
rise to the above cause (A) stoting the UNDERLYING CONDITION last.	(c) Bro	nchogeni	c Carcin	one, ly						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A).										
U 19A-DATE OF OPERATION 1198, CONDITION FOR WE	ICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE FI	INDINGS CONSIDERED						
当 マル WAS PERFORMED	Cat Brain h	14	IN CERTIFYING CAU	SES OF DEATH?						
OR CONTRIBUTING CAUSE OF	LACE OF INJURY (e.g., in	or obout 21 C. WHERE DIE	(If In Boltimore	City, give exact location)						
DEATH Inality medical examined	inuity locioty, sitest, di	fice bldg., INJURY OCCUR								
a	NJURY OCCURRED		INJURY OCCUR?							
(APPROX) While	At Work	'O /		2./						
22. I certify that (t) (this hospital) attended the		9/17		9/20 10 21						
that (I) (we) last saw the deceased alive on	7/20	19and		Ion death occurred on the date						
ond hour and from the couses stoted obove. (1) (We fait) (did not) view the body after deoth.  23A-SIGNATURE  Attending Med. Stoff										
						23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		1.2
						Kite Mellinge	MR	Unin	of Md.	1405p.
24A. BURIAL CREMATION, 24B. DATE 24C. NAN REMOVAL (Specify)	AE of CEMETERY of CRE	MATORY 24D	LOCATION (City	, lown, or county! (Stotel						
	en Park Cer	metery	Baltimore, Mary	yland						
SEP 24 1071 Cabe C. Salar	REGISTRAR	25C. FUNERAL DIRECT		ADDRESS						
VS 150-REV. 1/1/6B										



of death Deceased Such 0 hospital death. ance (2) COUSE attend O cause; 0 = prior contributing occurred (4) Undetermined is made. regular deceased isposition 2 0 Was the direct assistant death 0 T kind; final attendance any pronounced OF of embalmed (3) A fracture examiner regular who are 2 physician the remains medical MOS burns; physician (2) Body the 8 before where hospital ž accident of any nature; be obtained 9 approved (except and to the death) hospital was released must

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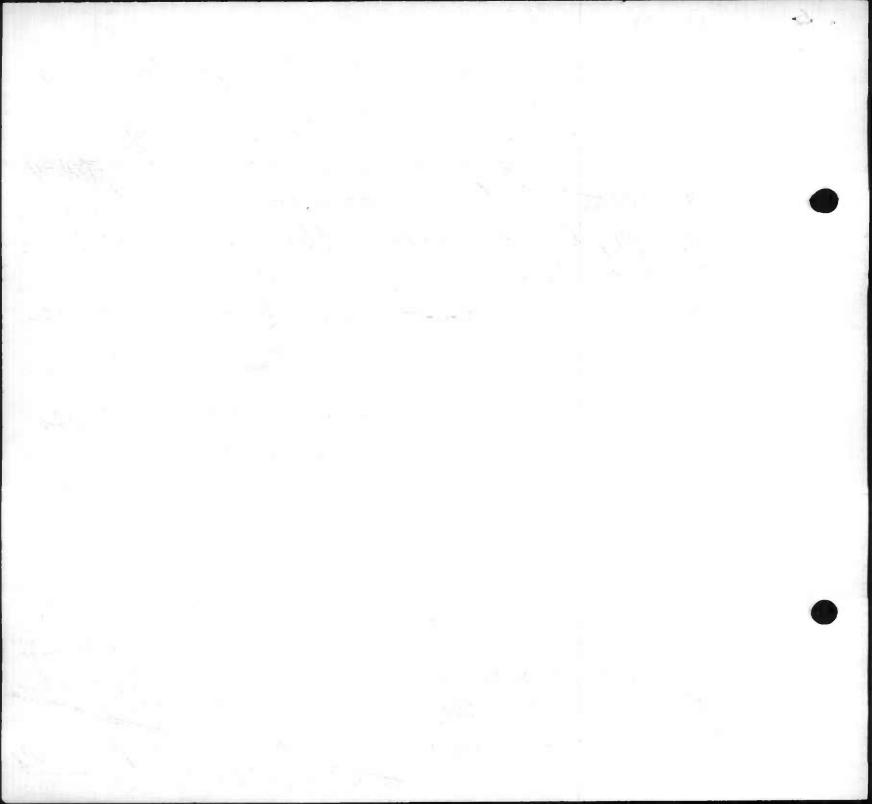
shows: Was approval

Written

VS 150-REV. 1/1/68

and

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence before odmission) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY, OR TOWN D. INSIDE CITY LIMITS? YES X NO AND NUMBER 5. SEX MARRIED NEVER MARRIED DATE OF 9. AGE (In years Days II Under Il Under 24 Hrs. Months Hours WIDOWED DIVORCED APRIL 18 1885 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working hile, even if retired) 13. FATHER'S NAM 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates at service) SECURITY NO. NO 18, CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving CONSEQUENCE OF rise to the obove cause (A) sloting the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or 10) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notily medical examined) elc.) 21D. TIME (Month) (Hour) (Doy) (Yeor) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on and that in (my) (our) opinion death occurred on the and hour and from the causes stated above. (1) (We) (did) (did not) New the body ofter death. 23A. SIGNATURE 238, DATE SIGNED Attending. Med. Phys. Director Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS AURICE 24A. BURIAL CREMATION, REMOVAL (Specily) OEGREE 24B. OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 25C, JUNERAL DIRECTOR



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hospita use of (5) Dec lance o death.
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hospite nature; ept wh d (6) Nained b
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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dy was (1) An c O.A. at ed prior
This ce the boos shows: was D. deceas

	4-542			HEALTH DEPARTMENT	V	1 8934
BI	RTH NO. 71 8934		CERTIFICA	TE OF DEATH	REG. NO	
	NAME OF DECEASED	111	TocaTOU	2. DAJE AN	D HOUR OF DEATH	
	MIMIGESIC		JOSEPH	9/19/	71 3 PM	4
]] 3.	PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. Il in	nstitution: residence before admission
FL	JLL NAME OF (IF NOT IN HOSPITAL OR STITUTION ADDRESS OR LOGATI	DR INSTITU	JTION, GIVE STREET	Maryland	CAL	10 5 300
1	Singi Nacaital al	Roll	warre Im	Balton Orp	D. INSI	IDE CITY LIMITS?
	Stract Hospitan of	Jacio		E. STREET AND NUMBER		YES NO NO
_	SEX   16. RACE   17.			6821 Ch	rerokee	Dr. 21209.
	MATE BOXIDERX XOLON	MARRIED [	NEVER MARRIED DIVORCED	November 1990	9. AGE (In years ast birthday)	If Under 1 Yr. II Under 24 Hrs. Manths Days Haurs Min.
10/	LUSUAL OCCUPATION (Give kind of work 10 to during mast of working life, even it retired)	& KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote at lore	ign country)	12. CITIZEN OF WHAT COUNTRY
	SELF EMPLOYED		NG & DYING	RUSSIA		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	JACOB HIMMELSTEIN			FANNIE	?	
1S. (Ye	Was Deceased Ever in U. S. Armed Farcos s,na ar unknawn) (II yes, give war or dates o	? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	· · · · · · · · · · · · · · · · · · ·	ADDRESS
L	YES W.W. I			MRS. ESTHER HIM	MELSTEIN, 6	821 CHEROKEE DR.
	18. 5/9-21		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECT	CTLY		Cardina	wronk	BETWEEN CHOSET AND DEATH
	(This does not meen the made of du	/ing, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	arrest.	
	heart failure, asthenia, etc. It means th injury ar camplication which caused de	e disease	000 10, OR AS 7	CONSEQUENCE OF:		
	ANTECEDENT CAUSES		Acute	respiratory 1	insufficien	Cy
	DISEASES OR CONDITIONS, if any	, giving	DUE TO, OR AS	A CONSEQUENCE OF:	7011000	***************************************
	rise to the obove cause (A) st UNDERLYING CONDITION last.	aling the	Chrol		dispara	,
	at the second se		(c)	),,,,,	ancie	
NO	OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING				
ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART I	TERMINAL	***************	******************		***********
CERTIFICATION	19A-DATE OF OPERATION 198 CONDIT	ION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes at Na)		INDINGS CONSIDERED
ERT		407			IN CERTIFYING CAU	ISES OF DEATH?
MEDICAL O	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical exeminer)	home etc.)	PLACE OF INJURY (e.g., in , farm, factory, street, off	or obout 21 C. WHERE DID	(If In Boltimare	City, give exact location)
EDI	21 D. TIME (Month) (Dayl (Year) (i	Haus) 21 E.	NJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
8	(APPROX.)	While				
	22. I certify that (1) (this haspital) a			Dienter y	9 71 in Sel	tenla 19 - 21
	that (I) (we) last saw the deceased o		eptenber o	2/	·	Ian death accurred an the date
	and haur and from the causes stated	abave. (1)	(We) (dld) (dld nat) vi	ew the bady after death.		
	23A. SIGNATURE	1 Alus				23 B. DATE SIGNED
	23C PHYSICIANIS		Atten Phys.	Director L. J	Staff Phys.	9/19/7/
	23 C. PHYSICIAN'S NAME (Type)	KAL	-15KV 2	SD. ADDRESS	vilal of D	O.L. Over
24 A	BURIAL CREMATION, 248. DATE	1040 11:3	OEGREE	SINOU MOSP	The of	permore.
	REMOVAL (Specify)		ME at CEMETERY of CREA			, town, as county! (State)
25A	BURIAL 9-22-71 DATE RECO BY HEALTH DEBL 258	OHR	KNESSETH ISR	AEL ANSHE SFARD,	BALTIMORE,	MARYLAND
-57		Jabe	REGISTRAR ALD	SOL LEVINSON 8	BROS 6010	REISTERSTOWN ROAD
VS	150-REV. 1/1/68			1-44 -2017	, 2,0010	

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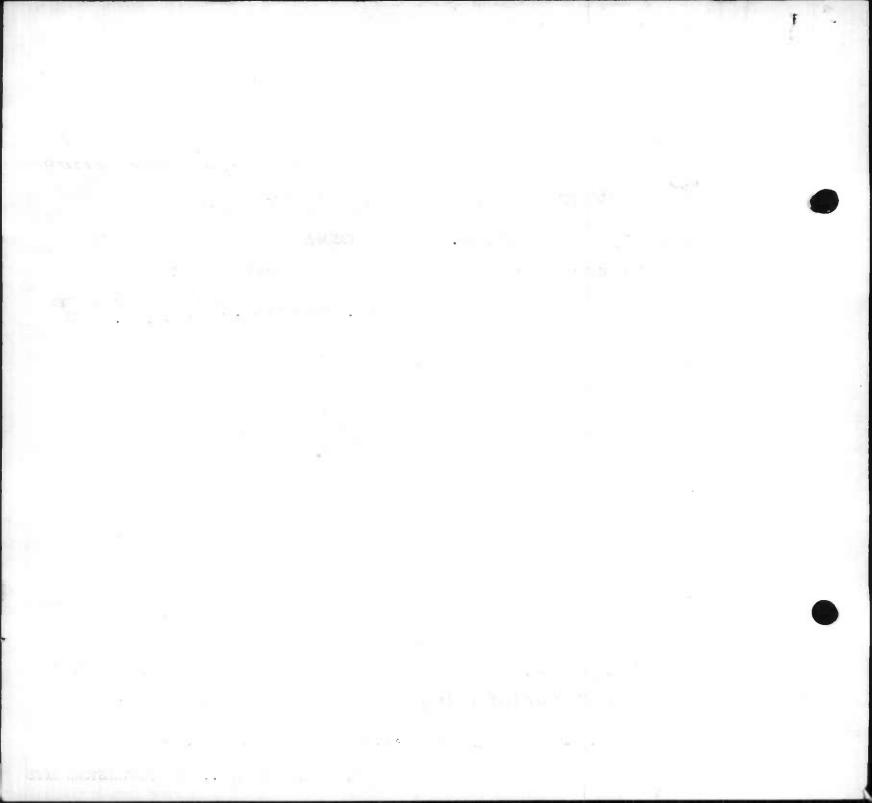
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### BALTIMORE CITY HEALTH DEPARTMENT

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G. NO.	71	8935

BIRTH NO. 8933	CERTIFICA	TE OF DEATH	REG. NO.	- 0900		
1. NAME OF DECEASED (Type or Pant)  SELTZER, FA	ANNYE	2. DATE AND	HOUR OF DEATH	. 112. 11		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE (Whose	deceased lived. If insti	tution: residence before admission)		
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ION, GIVE STREET	A. STATE B. COUNT		2730		
SIMAL HOSPITAL.		BOLTIMOR	7.5	CITY LIMITS?		
42		E. STREET AND NUMBER 3014 Fell S	taff non			
HITE WIDOWED		3/20/19/5	56	if Under 1 Yr. it Under 24 Hrs Months Days Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even it refired)	USINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreig	n Country)	12. CHIZEN OF WHAT COUNTR		
Sales looky HECHT	CO.	CANADA		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Ε			
HARRY SHAFFER		RAC	HEL ?			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	40444 000	ADDRESS		
NO	JECORIII NO.	MRS. AUDREY FREE	D. 12616 GRA	CE MAX STREET		
18.//// 9	CAUSE OF DEATH	1	, KOCKATTTE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar complication which coused death.)		A CONSEQUENCE OF:	M. I			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION last.  (B)  DUE TO, OR AS A CONSEQUENCE OF CONDITION last.  (C)  (C)						
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION tast.	(c) DUE TO, OR AS	A CONSEQUENCE OF	con over	4		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	***************************************				
198. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?		
OR CONTRIBUTING CAUSE OF hame,	ACE OF INJURY (e.g., in form, factory, street, aff	or obout 21C. WHERE DID	(if In Boliimore C	City, give exact location)		
- IOE IN III DV	JURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?			
(APPROX.) While Work	At Not While			,		
22. I certify that (1) (this haspital) ottended the		All I	7/ ta 9/	20 1971		
that (i) (we) last saw the deceased afive an	9/20	19 71 ond that	in (my) (aur) apinio	on death occurred on the dat		
and haur and fram the causes stoted abave. (1) (	We) (did) (did-not) v					
23A. SIGNATURE	After	nding Med. S	raff D	BE DATE SIGNED		
PAME (Type) X. Michaelide	J MID.	3D. ADDRESS SI Key	hospit	fal.		
KENTO A ME (3DECITY)	DE OF CEMETERY OF CREE  UK AMUNO (ARI		ALTIMORE, MAI	town, or county) (State) RYLAND		
25A. DATE REC'D BY HEALTH DEPT.  SEP 24 1971 P. R. B. E. Falle, De		25C. FUNERAL DIRECTOR		ADDRESS REISTERSTOWN ROAD		
/S 150-REV. 1/1/68			, , , , , ,			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1/				BALTIMORE CITY	HEALTH DEPART	TMENT		, - ,	,		
10-	320	71	8936	CERTIFICA	TE OF DE	ATH	REG. N	10	1	8936	
1.NA	ME OF DECE	ASED				Tartest de l'estate de	HOUR OF D	EATH			
(Туре	or Print)	HARRY KA	ADISH				BER 19,		1	1 9	A. M.
3. PL	ACE IN BALTI	MORE, MARYLAND, W		UNCED DEAD	4. USUAL RESIDE	ENCE (Where	deceased live	d. If inst	titution:	residence befor	re odmission)
FULL	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION. GIVE STREET	MARYI		•			) &	5 60
HOSP	TAL OR	ADDRESS OR LOCA	TION	UTION, GIVE STREET	C. CITY OR TOWN	١		). INSID	E CITY I	LIMITS?	
5.	348 LAN7	TERN COURT			BALTI	MORE #	21229		YES _	] NO[	
	20				E. STREET AND 1	NUMBER					
	CIU	<del></del>					N COURT				
5. SEX	6	RACE	7. MARRIED		8. DATE OF BIRTH	lo	. AGE (In year	s	onths.	er 1 Yr. If U Doys Hour	Inder 24 Hrs.
1	MALE	WHITE	WIDOWED		APRIL 18,	1911		60			
done d	uring most of wo	orking life, even il retired)	IUB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	Stote or foreig	n country)		12. CIT	IZEN OF WHA	T COUNTRY
	\GENT_		INS	SURANCE	BALTIMORE	, MARY	LAND		U	SA	
13. FA	THER'S NAM	E			14. MOTHER'S M.	AIDEN NAM	E				
5	SAMUEL K	KADISH			LENA S	SABSOWI	TZ				
15, We	o or unknown) (	ver in U. S. Armed Fore	ces? s ol service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT					ADDRESS	
)	YES	W.W. II ARM	Y		MIS\$ RUTH	KADISH	.4112 G	ROVE	LAND	AVE. #:	21215
18	157	9 1 1 2	500	CAUSE OF DEATH		K. W. LOI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.012	APPROXIMAT	TE INTERVAL
		OR CONDITION DI	RECTLY		13		11/	)		BETWEEN ONSE	ET AND DEATH
,		EADING TO DEATH mean the mode of	dutan an	(A) IMMEDIATE CAU		soma	10/10	uby	eas	3 m	on this
h	eorl failure, a:	sthenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE C	OF:	U				
ll lr	injury or complication which caused death.)										
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:										
		conditions, if obove cause (A)		A CONSEQUENCE	OF:						
U	INDERLYING	CONDITION last.		(C)			***************************************				***************************************
z		П		2 1	1 )	111					
I F TO	THE DEATH	ANT CONDITIONS COL	HE TERMINAL	Vialu	der hul	ll. F	u				
SI		NDITION GIVEN IN PAR	DITION FOR V	VHICH OPERATION	20A. AUTOPSY?	(Yes or No)	20B. IF YES.	WERE FI	NDINGS	CONSIDERED	D
CERTIFIC 51	Non	WAS PERF			ala	)	IN CERTIFYIN	G CAU	SES OF	DEATH?	
	A. ACCIDENT	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21 C. WHI	ERE DID	(If In B	oltimore	City, gly	ve exoct locotio	n)
CAL D	EATH (notify π	redicol exominer	() elc.)		il 1	rel					
☐ 21	D. TIME (	Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOV	ULNI DID W	RY OCCUR?				
Z (A	PPROX.)		Whi	le At   Not While							
22	2. 1 certify ti	hat (i) (this haspital			119UNTS	10	7/	enn	1	18	10 7/
11 1		ast saw the decease		Sent 19	197/	17 بست		/ 1		th accurred	-17
11 I	,			)(Pe) (did) (did )			in (my) (do	) apriii	ion deu	in accorred	on the date
	A. SIGNATURI		du dibave. (I	1/1/e/ (dia/	iew the bady atte	er deam.		1:	OR DA	TE SIGNED	
	Mi	11: ()	100		nding Med		toff		91	1211-	7/
23	C. PHYSICIAN NAME (Type	8 //	100	Diguet Phys	3D. ADDRESS	CIOF LIMIT P	hys. Ll		11	7/	
	NAME (TYE	A. A. S	ILVER	my	6210 PARI	K HEIGH	ITS AVEN	UE			
24A.	BURIAL CREM	ATION, 248. DATE	24C. N.	ME OF CEMETERY OF CRE	MATORY	24D. LO	CATION	(Čity,	, town,	or county)	(Stote)
11	BURIAL	9-22-7	1 CH	IZUK AMUNO (AF	RLINGTON)	BAL	TIMORE,	MAR	YLAN	D	
25A. I	SEP 24	Y HEALTH DEPT	258 NAME C	1 10.000	25C. FUNERAL		RPOS	6010	RET	ADDRESS	

VS 150-REV. 1/1/68

5. e e e 1. The state of th .

IMPORTANT FUNERAL DIRECTOR:

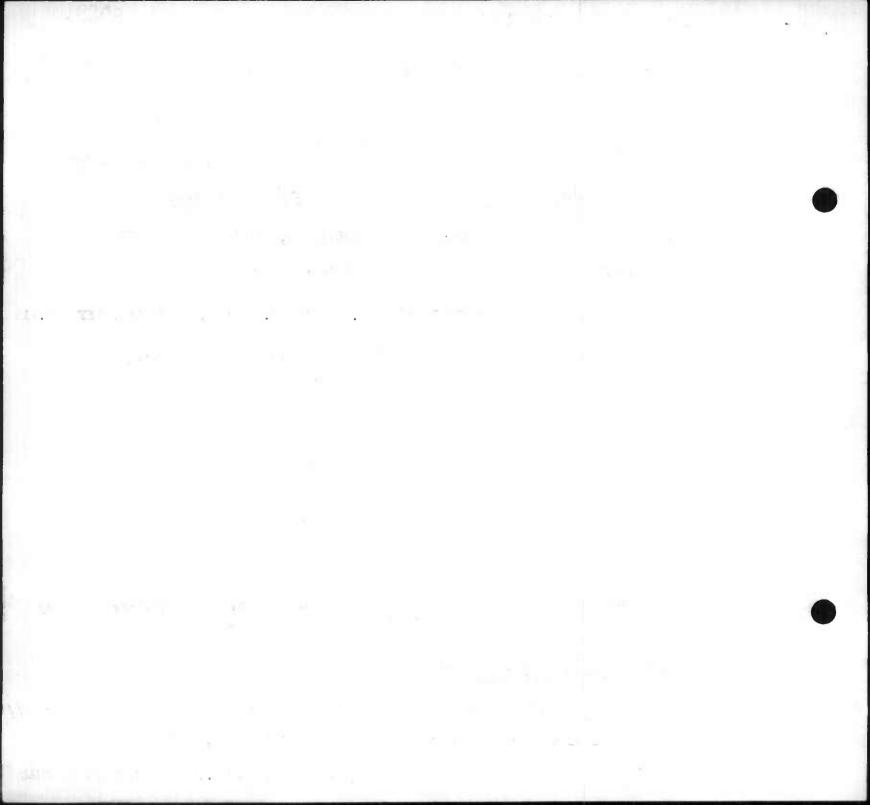
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	G-635	71	8937		HEALTH DEPARTMENT	REG. NO.	71 893	7		
- 11	BIRTH NO.		0000	CERTIFICA	TE OF DEATH					
	1. NAME OF DECEASED (Typo or Print)	Emm . o.	2222			AND HOUR OF DEAT				
	3. PLACE IN BALTIMORE	ETTA GO		UNCED DEAD	SEPT  4. USUAL RESIDENCE (WA. STATE B. CO	EMBER 21, 19		NOON M.		
	FULL NAME OF (IF HOSPITAL OR AI	NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		NEW JERSEY	V	27		
		DCTNC NO	m				SIDE CITY LIMITS?	10 🗆		
	EDGEWOOD NU	RSING HO	VIE .		ATLANTIC CI'		125 1	<u> </u>		
	5. SEX   6. RAC	E	7. 14 A P.D.I.		8. DATE OF BIRTH					
	FEMALE	WHITE	WIDOWED	NEVER MARRIED	o. DATE OF BIRIN	9. AGE (In yours last birthdoy)	Months Ooys	Il Under 24 His.		
⊪					11. BIRTHPLACE (Stote or I	75	112 617771 05			
11	done during most of working I	le, even if refired)	1000		Victoria de la companya della companya della companya de la companya de la companya della compan			VHAT COUNTRY?		
	HUU:	SEWIFE	AI	HOME	BALTIMORE, M.		USA			
		K ASKIN			SARABELLE					
	5. Woe Occeosed Ever in Yos, no or unknown) (If yes,	U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	4000	ADDRES	\$		
	NO	3.10 1101 01 2010	,	NO NO	MR. MORTON AS	4000 N	. CHARLES S	TREET,		
1	18. 16. 9 1	1		CAUSE OF DEATH	HIK. PIORTON AD	KIN, MINHIGH	FIELD HOUSE	APT. 121		
		DISEASE OR CONDITION DIRECTLY								
		LEADING TO DEATH								
	heart failure, asthenia, etc. It means the disease.									
	injury or camplication which caused death.)									
$\parallel$	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:  DISEASE In the above cause IA) stating the									
	DISEASES OR COL	NDITIONS, il (	any, giving stating the	DUE TO, OR AS	A CONSEQUENCE OF:					
	UNDERLYING CONDITION last. (C)									
	Z OVIET CLONIFICATION	11								
	TO THE DEATH BUT N	OT RELATED TO TH	IE TERMINAL							
	DISEASE OR CONDITION 19A. DATE OF OPERAL	N GIVEN IN PARTION 1198 CON	I (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208 IF YES WERE	FINDINGS CONSIDI	ERED		
		WAS PERF	ORMED				AUSES OF DEATH?	.KED		
	OR CONTRIBUTINO DEATH (notify medical	CAUSE OF exomined	21B, hom etc.)	e, form, foctory, street, off	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(II in Boltimo	ore City, give exact loc	olion)		
	OF INJURY (Month)	(Doy) (Year)		INJURY OCCURRED	21F. HOW DIO II	NJURY OCCUR?				
	(APPROX.)		Whi	k Not While			/ /			
Ш	22. I certify that (1)	(this haspital)	attended ti	ne deceased from	9/15/71	_19ta	12/11	19		
Ш	that (1) (we) last sa			9/20/71	19and	that in(my) (our) op	Inlan death accurr			
	and have and from t	he causes stat	ed above. (1	(We) (did)(did not) vi	ew the bady after death		***************************************	ad dir rice date		
$\ $	23A. SIGNATURE		10		on the budy until death	•	238, DATE SIGNED			
	Jee	elel	10	DEGREE Phys.	Director L	Shaff Phys.	9/21/	7/		
	23C-PHYSICIAN'S NAME (Type)	SAM	JEL KEGI		MEDICAL ARTS	BUILDING				
12	44 BURIAL CREMATION	24B. DATE	24C. NA	ME of CEMETERY OF CRES	MATORY 24D.	LOCATION (C	ily, town, or county)	(Slote)		
	BURIAL	9-23-71		ISRAEL		TIMORE, MARY		,		
2	5A. DATE REC'D BY HEA		25B. NAME-O		25C. FUNERAL DIRECTO		ADDR	229		
	SEP 24 197	12826	E SER	9 010 0 0	SOL IBVINSON					

VS 150-REV. 1/1/68

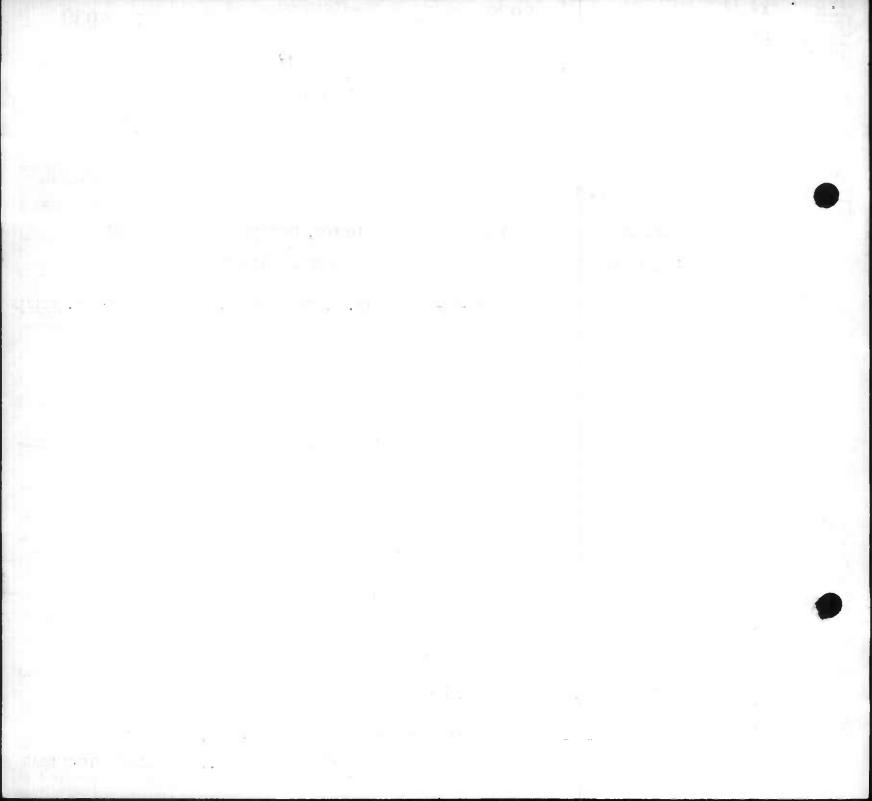
-A SPINET THE

	<	5-550) 71 8938 BALTIMORE CITY	HEALTH DEPARTMENT 71 8938
ased the Such	RIE	CERTIFICA	TE OF DEATH REG. NO.
ase th th Suc	1,1	NAME OF DECEASED	2, DATE AND HOUR OF DEATH
70 0 5	Ľ	PE OI PRINT AUGUSTA E. SIMON	9/21/7/ 8 -13 Am
b of Ce o	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
(5) Dec ance of death.	FU	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	MD. BALT-CITY 2720
cause se; (5 andan to de	İN	OSMITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
cau: atte	1	Sinai Hosp-ofBalt. , orc.	E. STREET AND NUMBER
-0 - 6		1,200,100	4004 ROSECREST AVE
ula jula nad	5.	T INDIRECT THE VERY MARKIED	8. DATE OF BIRTH 9. AGE (in years if Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
regures m	L	/ EMALE   WIDOWED X DIVORCED	11/1/10 1 (-4 XXXXIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
- 3-	don	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Inde s in de itioi	_	TEACHER PIANO	BALTIMORE, MARYLAND USA
Was the	13.		4. MOTHER'S MAIDEN NAME
d; (4 on t dis		MOSES ENTON	ANNIE FLORENCE
0 0	15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
fin d		NO 215-34-1058A	MRS. AUGUSTA H. ALBERT, 4004 ROSECREST AVE.#15
de a		18. 450 X I CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease.	mary Infarction (massing)		
		tinis does not mean the made at dying, e.g., DIETO OP AS A	DE
5 500		injury or complication which caused death.)	
fra ogel		ANTECEDENT CAUSES	
A N − B		DISEASES OR CONDITIONS, if any, giving dise la the above cause (A) stating the	A CONSEQUENCE OF:
S E'E &		UNDERLYING CONDITION last, (C)	
rns; rsicia was main	_	II BATEN	a le sti Heart Algon
phy:	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Atual Erlinilla tax
sicia the	ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	CERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
No phys before		21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or obout 21 C. WHERE DID (If in Boltimore City, give exact location) ce bidg., INJURY OCCUR?
	MEDICAL	DEATH (notify medical examiner) etc.)	
9 P	MED	21D. TIME (Month) (Doy) (Yeorl (Houd) 21E INJURY OCCURRED OF INJURY) While At 1 Not While	21F. HOW DID INJURY OCCUR?
פס		Work At Work	
0		22. I certify that (+) (this hospital) attended the deceased from	8/24 197/ to 9/2/ 197/
P 2 0		that (+) (we) last sow the deceased alive an	19.71 and that in (my) (our) opinion death occurred on the date
ospital death) must b		and haur and from the causes stated above. (1) (We) (did) (did not) vi	
		AAA L. O. M.P. Atten	ding Med. Staff D
r to		DEGREE Phys.	ID. ADDRESS  Med. Director Phys. Phys. 9/21/7/
ario at		NAME (Type)	Sini Hosport R. Ot a. R. OLM
A p	24/	A BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY OF CREA	MATORY 24D. LOCATION (Gity, town, or county) (Stote)
ase a		BURIAL 9-22-71 ANSHE EMUNAH	BALTIMORE, MARYLAND
deceased prior to written approval	25A	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
\$ ₹		SEP 24 1971 Past & Babe, M. W.	SQL LEVINSON & BROS.,6010 REISTERSTOWN ROAD
	VS	150-REV. 1/1/68	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11		1 89	20	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	20	03	UU	CERTIFICA	TE OF DEATH	REG. NO	74 8989
1. NAME C	OF DECEASED TT	4 STA	RR	2	2. DATE	AND HOUR OF DEATH	1 12:50 4
3. PLACE	IN BALTIMORE, MARYLAI	ND, WHERE FRO	NOUN	CED DEAD	A. STATE B. COL	ere deceased lived. If	institution: residence before admission
FULL NAM	AE OF (IF NOT IN H	OSPITAL OR IN	STITUTI	ON. GIVE STREET	MARGLAND		2831
HOSPITAL INSTITUTIO	OR ADDRESS OR	LOCATION)			C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
CILL	a haco a	= 81.	70		DAL (0.		YES NO
>1102	fl bosp. of	)AL	-(0	•	E. STREET AND NUMBER	byruth	
	MALE WHITE		ED VED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
DA. U SUAL	. OCCUPATION (Give kind most of working life, even If n	of work 10B, KIND	OF B	USINESS OR INDUSTRY	11. BIRTHILACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTR
	HOUSEWIFE	CALIFORNIA CONTRACTOR	т но	OME	LONDON, ENGI	LAND	USA
	'S NAME				14 MOTHER'S MAIDEN N		
	JULIUS GALINSK	Υ			RACHEL G	ALINSKY	
Wos De	nceased Ever in U. S. Arm	ed Forces?	10	SOCIAL	17. INFORMANT		ADDRESS
	NO	M GOIGS OF BOTTH		<b>SECURITY NO.</b> 18-18-6909A	MUC BEDMADD	TELMAN 4226	LABYRINTH RD. #212
18/	(// 9 1		£.	CAUSE OF DEATH		SELMAN, 4220	APPROXIMATE INTERVAL
7	DISEASE OR CONDITIO	N DIRECTLY					BETWEEN ONSET AND DEAT
	LEADING TO DE	ATH		(A)IMMEDIATE CAU	E ACUTE M	7	1
(This	does not mean the mo failure, asthenia, etc. It s	de of dying, o	e.g.,		CONSEQUENCE OF:		
Injury	or complication which c	Lates besue	anog	/	20.16		
	ANTECEDENT CA	USES		(0)	ICAD		
DISEA	SES OR CONDITIONS	if any, giv	ing	DUE TO, OR AS	A CONSEQUENCE OF:	######################################	
	to the above cause RLYING CONDITION In		the	(c)			
	11			(0)			
OTHER	SIGNIFICANT CONDITION	S CONTRIBUTION	10				
C DISEAS	E DEATH BUT NOT RELATED E OR CONDITION GIVEN I	N PART 1 (A).					
19A.D	ATE OF OPERATION 198	CONDITION FO	OR WH	ICH OFERATION	20A AUTOPSYT (Yes of	No. 208, IF YES, WERE	FINDINGS CONSIDERED
2) 4	CCIDENT WAS UNDERLY				- Landa Company	****	
. OF CO	CODERT WAS UNDERLY INTRIBUTING CAUSE O I (notify medical examined)	ive []	home,	farm, factory, street, of	or obout 21 C. WHERE DID	(li in Boltimo	ore City, give exact location)
DEATH DEATH DEATH OF INJ	ME (Month! (Doy)	(Year) (Hour)	21 E, IN	HURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPRO			While Work	At   Not While			,
22 1	certify that (15) (this ho	nital) attand			911111	19 10 9/3	VD / 11 19
	n (we) lost sow the de			9/20	19 71 ond	V	oinion death accurred on the do
					1		minon decin accorded on the do.
	GNATURE	s stoted above	D. (I) (		iew the body after death	le .	228 DATE SIGNED
230.31	Instructi /	91 von		M.A. AHO	nding Med.	Staff	238. DATE SIGNED
220.04	100 may	30 A		DEGREE Phys	. L. Director L.	Phys. L	
N/	AME HYPEL	TXI	TI	1244	3D. ADDRESS	- a at a	
	tololoner	( , ).	01	DEGREE	SINAT FO	11-05 150	V76.
REMO	AL CREMATION, 248. DA	TE 240	C. NAM	E of CEMETERY of CRE	MATORY 24D.	LOCATION	City, town, or county) (State)
	BURIAL 9-22	2-71 BF	TH	ISAAC ADATH	ISRAEL B.	ALTIMORE, MA	RYLAN D
	REC'D BY HEALTH DEPT		AE OF	REGISTRAR -	25C. FUNERAL DIRECTO		ADDRESS
S	EP 24 1977 U	ASE EN	3/200	as the party of	POF TENTINGON	SE BROS.,601	O REISTERSTOWN ROA



1/- /52	Y HEALTH DEPARTMENT	4 00.40
BIRTH NO.	ATE OF DEATH REG. NO/	1 8940
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
DELLA LEVIN 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	September 22, 19	71 1:00 A. <sub>M</sub> .
WHERE PROMOTINGED BEAD	A. STATE B. COUNTY	lution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND	301
INSTITUTION		CITY LIMITS?
LEVINDALE	E. STREET AND NUMBER	ES NO
11	CYLBURN X COURT & BROOM	KS LANE
5. SEX 6. RACE WHITE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs.
FEMALE HIMAN WIDOWED X DIVORCED	102	Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (State or largin country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME	PHILADELPHIA, PA.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ABRAHAM M. GOLDSTONE	UNKNOWN	
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO SECONII NO.	LEVINDALE HEBREW HOME, BELVE	DERE & GREENSPRING
18. 48 CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  (A) IMMEDIATE CAL	JSE BILATERAL PNEUMONIA	WEEKS
heart failure, asthenia, etc. it means the disease,	A CONSEQUENCE OF:	
injury or complication which coused death.)  ANTECEDENT CAUSES		
	A CONSEQUENCE OF:	
rise to the obove couse (A) stoling the	A CONSEQUENCE OF:	
UNDERLYING CONDITION lost, (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ARTERIOLA	AR NEPHROSCLEROSIS	YEARS
FITO THE DEATH BUT NOT RELATED TO THE TERMINAL PITT, MONARY	Y EDEMA	HOURS
U 19A DATE OF OPERATION 1108 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes XIXYV) 20B. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED  WAS PERFORMED	1	S OF DEATH?
OR CONTRIBUTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OW	n or obout 21 C. WHERE DID (If in Boltimore C	Ity, give exact location)
DEATH (notify medical examiner)		
21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work	•	
22. I certify that (1) (this hospital) attended the deceased from A	ugust 4 1956 ta Sept	ember 22 19 71
that (x) (we) last saw the deceased alive an <u>September 22</u>		
and haur and fram the causes stated above. (We) (did) totaken v	lew the body after death.	" gegin accouled dit the fore
23A. SIGNATURE		B, DATE SIGNED
23C BHYSICIANS	nding Med. Staff Phys.	September 23, 197
NAAAE (Tune)	23D. ADDRESS	beptember 25, 157
THEODORE R. REVER, M.D.	LEVINDALE	
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, 1	lown, or county) (State)
BURIAL 9-23-71 HERPEW EDIENDSH		Section in the section of the section of
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. EUNERAL DIRECTORS	ADDRESS
SEP 24 1971 Palent & Fallen Net	SOL LEVINSON & BROS.,6010	REISTERSTOWN ROAD
S 150-REV. 1/1/68		



= | = | .

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116	2,01			BALTIMORE C	ITY HEALTH DEPARTMENT	0	71 9043	
	-626 IRTH NO.	71	8941	CERTIFIC	ATE OF DEATH	REG. NO	- 0941	
11.	NAME OF DEC					ND HOUR OF DEATH		
			PROUSER			EMBER 22, 19		
"	TEACE IN BAL	HINORE MARILA	ND, WHERE PRO	NOUNCED DEAD	A. STATE B. COU	nere deceased lived. If in INTY	stitution residence before admission)	
F	ULL NAME OF OSPITAL OR NSTITUTION	(IF NOT IN I	HOSPITAL OR IN	STITUTION, GIVE STREET	MARY LAND	D INIC	IDE CITY LIMITS?	
Œ		AI NURSIN	G HOME		BALTIMORE	D. 11431	YES NO NO	
10	MIL OIN	AI NOROIN	O HOPE		E. STREET AND NUMBER			
-	SEX	ly all as				EIGHTS AVENUE	B	
3,		6. RACE		IED NEVER MARRIED		9. AGE (In years lost birthday)	Months Doys Hours Min.	
-	FEMALE	WHITE	WIDOV		RY 11. BIRTHPLACE (Stote or los	78		
do	HOUSEWI	FE	etired}	T HOME	LITHUANIA	reign country)	USA	
13	FATHER'S NAA				14. MOTHER'S MAIDEN NA	AME		
	ISAAC L				ANNA LEVITT			
15. (Y	Was Deceased es, no or unknown)	Ever in U. S. Arm (II yes, give wor	ed Forces? or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
L	NO .					UL PROUSER,54	421 PARK HGHTS. AVE	
	18. /2	7121		CAUSE OF DE	ATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEAS	E OR CONDITION	N DIRECTLY		L. Tord	Obstruction	1 400	
	(This does no	of mean the mo	de of dying,	(A) IMMEDIATE C	AS A CONSEQUENCE OF:	ov meren	1 100	
-	injury or camp	asthenia, etc. It i plicalian which c	neans me aisei oused deoth.)	ise,	0			
	A	NTECEDENT CA	LUSES	(p)	Perstonites		100	
	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:							
	underlying condition lost.  (c) Certain arterial							
Z								
ATIO	TO THE DEATH	CANT CONDITION	D TO THE TERMIN	IG AL				
N S	19A. DATE OF	OPERATION 198	N PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	al 208 IF YES WERE E	SINDINGS CONSIDERED	
ERTIFIC	0	WA	S PERFORMED			IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?	
CALC	OR CONTRIBUT	T WAS UNDERLY ING CAUSE O medical examiner	ING	218 PLACE OF INJURY (e.g home, form, factory, street, etc.)	affice bidg., INJURY OCCUR?	(If In Baltimore	e City, give exoct locotion)	
MEDI	21 D. TIME OF INJURY	(Month) (Doy)		21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
≥	(APPROX.)			While At Work NoI W	hile 🔲			
	22. I certify t	that (i) (this has	spital) attende	d the deceased from	9/17	197 ( to 9	122 1971	
		ast saw the de			- 4		nian death accurred on the date	
	and have and	fram the cause:	s stated abave	. (1) (We) (did) (did nat)	view the bady after death.			
	23A. SIGNATUR	E (	0 - /	0 (1)	Hending A Med.	Staff	238. DATE SIGNED 9/2-3/7/	
	28C. PHYSICIAN	rs correct to	- / Car	DEGREE P	hys. Director	Phys. L	7/23/11	
	PHYSICIAN NAME (Ty	EDWARD	S. KALL		6000 PARK HEI	GHTS AVENUE		
24	A. BURIAL CREA	ATION, 248. DA	TE  240	NAME OF CEMETERY OF C		OCATION (Cit	y, town, or county) (Stote)	
	BURIAL	9-23	-71	AITZ CHAIM		LTIMORE, MARY		

24A. BURIAL CREMATION, REMOVAL (Specify)

BURIAL

9-23-71

AITZ CHAIM

25C. EUNERAL DIRECTOR

SEP 24 1971

24C. NAME of CEMETERY of CREMATORY

BALTIMORE, MARYLAND

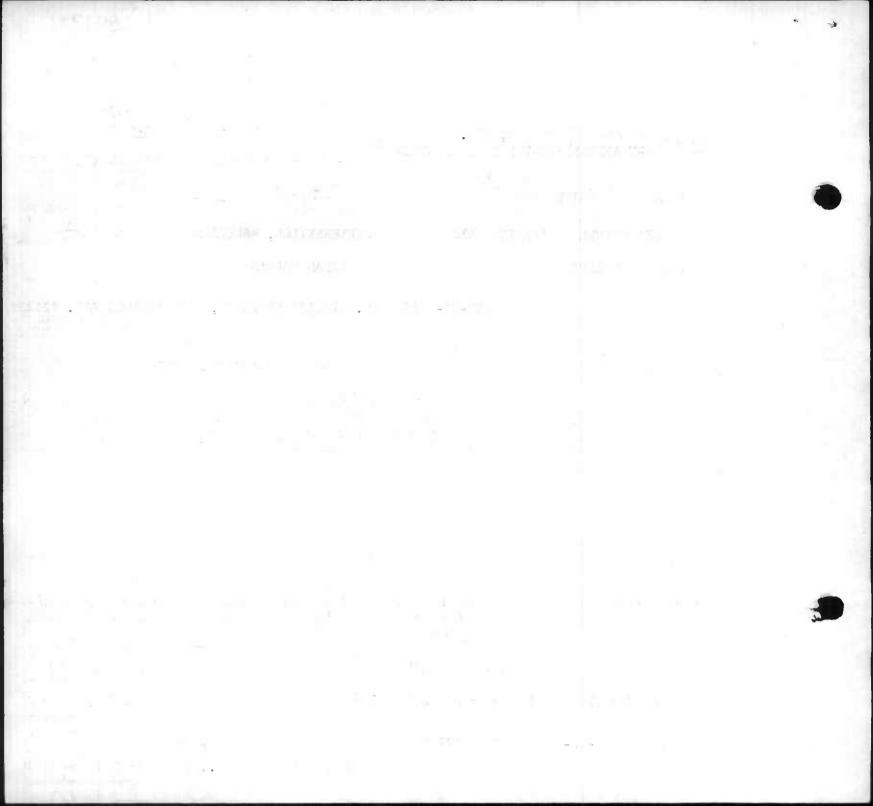
25C. EUNERAL DIRECTOR

SOL LEVINSON G BROS., 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/6B

THE PERSON OF TH 

BALTIMORE CIT	Y HEALTH DEPARTMENT
9-645 71 8942 CERTIFICA	ATE OF DEATH
1. NAME OF DECEASED SYLVAN GROLL	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where eccased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
5606 WOODMONT AVENUE, APT. B	BALTIMORE YES NO [
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	E. STREET AND NUMBER 5606 WOODMONT AVENUE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un years II Under 1 Yr. II Under 24 Hrs. Months: Doys Hours; Min.
ALE HITE WIDOWED DIVORCED DIVORCED DIVORCED	8/21/03/66
done during most of working life, even if refired)	
XXX FARMER FARMING XXX	STEVENSVILLE, MARYLAND
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH GROLLMAN	SARAH HARRIS
15, Wes Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
and the second s	TO LITERAL CROLLMAN ECOC MOODWONE AND #2127
NO 217-36-4816	MRS. LILLIAN GROLLMAN, 5606 WOODMONT AVE. #2123
18. 4/2, 4 14 200. / CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PIORESPIRATORY
CANIMEDIATE CA	
heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
injury or complication which caused death.)	LOT GOLARY IS
ANTECEDENT CAUSES (B) AS	AS A CONSEQUENCE OF: INSUFFICIENCY
	AS A CONSEQUENCE OF: IN SUFFICIOUSY
UNDERLYING CONDITION last.	MPHOSARCOMA CULPACTED
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OFERATION WAS PERFORMED  U 21A-ACCIDENT WAS UNDERLYING 1 121B PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH Inofily medical examined	affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY White At   Not Wi	216 HOW DID INJURY OCCUR?
While At Not Wi Mark	hile T
22. 1 certify that (1) (this hospital) attended the deceased from	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
and hour and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.
1 9 1 (3/1/201- 4-01/4 1/1/10)	thending Med. Stuff   23B. DATE SIGNED   7   hys.
23C. PHYSICIAN'S NAME (Type)  PAST A MOV MD	23D. ADDRESS 6804 PARK HEIGHTS AVE
24A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF C	EE 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specily)	
BURIAL 9-23-71 ANSHE EMUNAH	BALTIMORE, MARYLAND
SEP 24 1971 35 6 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	25C. FUNERAL DIRECTOR BROS.,6010 REISTERSTOWN ROAD
VS 150-REV. 1/1/68	

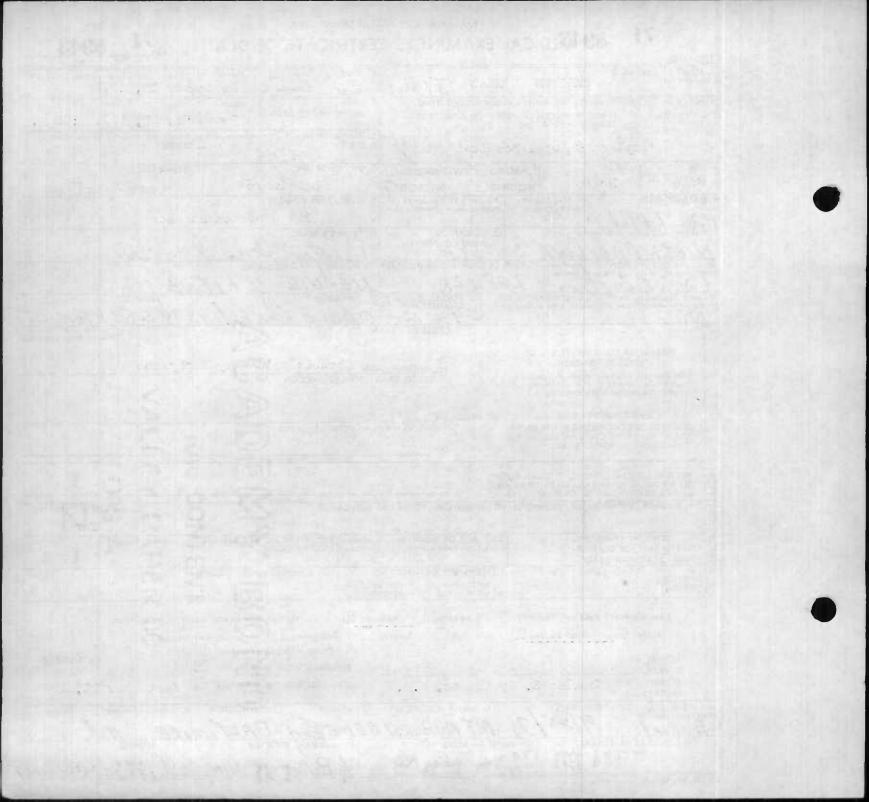


71

### BALTIMORE CITY HEALTH DEPARTMENT

894MEDICAL EXAMINER'S C	CERTIFICATE OF	DEATH
-------------------------	----------------	-------

I. NAME OF DECE							REG. N	0	O.J. te	
(Type or Print)	PRES TO	N O'NEA	L JR.	2. DATE OF DEATH	Known 🗴	Month Septe	Doy ember		971	
4. PLACE IN BALTI	MORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	3. DATE		Month	Doy		eor Hour	М.
FULL NAME OF HOSPITAL	(IF NOT IN HOSPITA	AL OR INSTITUTIO			UNCED DEAD				971 7:0	0 A
OR INSTITUTION				5. USUAL R	ESIDENCE (Where	deceased liv	ed. If institu	tion: reside	nce before od	mission)
	yland Gener	al Hospi	tal (DOA)	A. STATE	Maryland	1	. COUNT	Y	15	01
	. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIM	ITS?	
Male	Negro	WIDOWED			Baltimor	e		YES X	NO	
9. DATE OF BIRTH	10. AGE (Ir	yeors II Und Month	der 1 Yr. If Under 24 Hrs. is Doys Hours Min.	E. STREET	AND NUMBER	-1.				
II PIRTHRI ACTUS	te or foreign country)	10.00	TITEL OF		1374 Sto	ckton S	treet			
LI. BIRTHEACE(SIG	or toreign country)		TIZEN OF	13. FATHER	S NAME	)	0	1		
NORTH C	ARULINA	148 81410 05 0	USINESS OR INDUSTR	Tre	ston U	new		Shi	,	
done during most of wor	king lile, even if retired)			15. MOTHE	R'S MAIDEN NAM	AE .				
Consel	wellor	-MO	RER.	NEO	ICI/E a	11/17	NEC	1		
(Yes, no or unknown) (I	EVER IN U.S. ARMED	of service)	SECURITY NO.	IB. INFOR	MANT	1	/	ADDR ES		
NO			246-12-	MAB	LE UN	'EAL	1374	5700	2 KTON	1 57
19.492	XI		CAUSE OF DEA	TH					APPROXIMATE	
	OR CONDITION DIREC	CTLY								AND DEATH
	ADING TO DEATH		(A)IMMEDIATE	AUSE Chr	onic pulmo	onary e	mphys	ema		
heart lollure, or injury or compl	meon the mode of dy sthenio, etc. It meons the Icotion which coused dea	dtseose,	DUE TO, OR	S A CONSEQ	UENCE OF:					
	ECEDENT CAUSES CONDITIONS, IF ANY	GIVING	(B)	AS A CONSE	QUENCE OF:					
RISE TO THE A	CONDITIONS, IF ANY BOVE CAUSE (A) STATE CONDITION LAST.	ING THE			dorner or.					
- OTTO CITETION										
Ó			(c)							
OTHER SIGNIE	11	MITRIBILITING	(c)							
OTHER SIGNIFI TO THE DEATH DISFASE OR CO	II ICANT CONDITIONS CO	THE TERMINAL	(c)							
OTHER SIGNIFI TO THE DEATH DISEASE OR CO	11 ICANT CONDITIONS CO I BUT NOT RELATED TO ONDITION GIVEN IN PA	THE TERMINAL RT 1 (A).		AS PERFORM	ED			21 A	ey) eyaQitt	a or No
DISEASE OR CO	11 ICANT CONDITIONS CO I BUT NOT RELATED TO ONDITION GIVEN IN PA	THE TERMINAL RT 1 (A).	(c)	S PERFORM	IED			21. A	UTOPSY? (Ye	s or No)
	11 ICANT CONDITIONS CO I BUT NOT RELATED TO ONDITION GIVEN IN PA	THE TERMINAL RT 1 (A). IDITION FOR W	HICH OPERATION WA			II in Rollimore	City also		Yes	or No)
	II ICANT CONDITIONS CO If BUT NOT RELATED TO ONDITION GIVEN IN PA PERATION 208. CON IL CAUSE WAS OR CONTRIB-	THE TERMINAL RT 1 (A). IDITION FOR W				II in Bollimore	City, give		Yes	s or No)
22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (MG	II ICANT CONDITIONS CO If BUT NOT RELATED TO ONDITION GIVEN IN PA PERATION 208. CON IL CAUSE WAS OR CONTRIB-	THE TERMINAL RT 1 (A).  IDITION FOR W  228. PL home,	HICH OPERATION WA	in or obout 2 bldg., eic.) [[					Yes	s or No)
22A. EXTERNA UNDERLYING UTING CAUS	II ICANT CONDITIONS CO If BUT NOT RELATED TO DIDITION GIVEN IN PA IPPERATION 208. CON IL CAUSE WAS OR CONTRIB- E OF DEATH.	THE TERMINAL RT 1 (A).  IDITION FOR W  228. PL home,  (Hour) 228	ACE OF INJURY (e.g., lorm, loctory, street, office	in or obout 2 bidg., etc.)	2C. WHERE DID (I				Yes	or No)
Z2A. EXTERNA UNDERLYING CAUS Z2D. TIME (MC OF INJURY (APPROX.)	II ICANT CONDITIONS CO If BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 20B. CON IL CAUSE WAS OR CONTRIB- E OF DEATH. Onlh) (Doy) (Yeor)	THE TERMINAL RT 1 (A).  IDITION FOR W  228. PL home,  (Hour) 22E MH WC	ACE OF INJURY (e.g., lorm, loctory, street, office	in or obout 2 bidg., etc.)	2C. WHERE DID (I NJURY OCCUR? 2F. HOW DID INJ	URY OCCUP	17	exoct locotic	Yes	s or No)
22A. EXTERNA UNDERLYING UNDERLYING UTING CAUS 22D. TIME (MCOF INJURY (APPROX.) 23.	II ICANT CONDITIONS CO If BUT NOT RELATED TO DNDITION GIVEN IN PA PERATION 20B. CON IL CAUSE WAS OR CONTRIB- E OF DEATH. Onlh) (Doy) (Yeor)	THE TERMINAL RT 1 (A).  IDITION FOR W  228. PL home,  (Hour) 228 WH m. WC	ACE OF INJURY (e.g., lorm, loctory, street, office	in or obout 2 bidg., etc.)	2C. WHERE DID (I	URY OCCUP	17	exoct locotic	Yes	s or No)
22A. EXTERNA UNDERLYING UNDERLYING UTING CAUS 22D. TIME (MCOF INJURY (APPROX.) 23.	II ICANT CONDITIONS CO If BUT NOT RELATED TO ONDITION GIVEN IN PA OPERATION 20B. CON IL CAUSE WAS OR CONTRIB- E OF DEATH. Onlh) (Doy) (Yeor)	THE TERMINAL RT 1 (A).  IDITION FOR W  228. PL home,  (Hour) 228 WH m. WC	ACE OF INJURY (e.g., lorm, loctory, street, office	while	2C. WHERE DID (INJURY OCCUR?	URY OCCUP	eath In m	y opinio	Yes	s or No)
22A. EXTERNA UNDERLYING UNDERLYING CAUS 21D. TIME (MCOF INJURY (APPROX.)  23.  I certify resulted	II ICANT CONDITIONS CO If BUT NOT RELATED TO DNDITION GIVEN IN PA PERATION 20B. CON IL CAUSE WAS OR CONTRIB- E OF DEATH. Onlh) (Doy) (Yeor)	THE TERMINAL RT 1 (A).  IDITION FOR W  228. PL home,  (Hour) 228 WH m. WC	ACE OF INJURY (e.g., lorm, loctory, street, office  INJURY OCCURRED  ILLE AT NOT AT W.  Inspection Au	opsy X	2C. WHERE DID (INJURY OCCUR?  2F. HOW DID INJund and that an th	URY OCCUP	eath In m	y opinio	Yes	
22A. EXTERNA UNDERLYING UNDERLYING CAUS 22D. TIME (MCOF INJURY (APPROX.) 23.	II ICANT CONDITIONS CO. If BUT NOT RELATED TO DNDITION GIVEN IN PA IPPERATION 20B. CON IL CAUSE WAS OR CONTRIB- E OF DEATH. In that I held an Ir I from: Natural cause	THE TERMINAL RT 1 (A).  IDITION FOR W  228. PL home,  (Hour) 228 WH m. WC	ACE OF INJURY (e.g., lorm, loctory, street, office injury occurred in a two or injury occurred in a two occurred i	white opsy X	2C. WHERE DID (INJURY OCCUR?  2F. HOW DID INJury and that an the micide U	Is basis, d	eath In m	y opinio	Yes	
22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (MO OF INJURY (APPROX.)  23.  I certify resulted  ACTUAL SIGNATURE EXAMINER*	II ICANT CONDITIONS CO If BUT NOT RELATED TO DIDITION GIVEN IN PA IPPERATION 208. CON IL CAUSE WAS JOR CONTRIB- E OF DEATH. That I held an Ir I from: Natural cause Charles Charles	THE TERMINAL RT 1 (A).  JOITION FOR W  228. PL home,  (Hour) 22E WH m. WC	ACE OF INJURY (e.g., lorm, loctory, street, office injury occurred in a two lines are injury occurred.  Inspection August Suicid	WHILE 2  WHILE ASSIS	2C. WHERE DID (INJURY OCCUR?  2F. HOW DID INJury and that an the micide UCHIEF MEDICAL E)	Is basis, d	eath In m	y opinio	Yes	GNED
22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (MC OF INJURY (APPROX.)  23.  I certify resulted  ACTUAL SIGNATURI EXAMINER' NAME (Typ)  24A. BURIAL CREMA	II ICANT CONDITIONS CO. If BUT NOT RELATED TO DIDITION GIVEN IN PA IPERATION 208. CON IL CAUSE WAS JOR CONTRIB- E OF DEATH. It from: Natural cause S Charles e)	THE TERMINAL RT 1 (A).  JOITION FOR W  228.PL home, WH  M. WC  Regulry  See S. Ac  See Spring	ACE OF INJURY (e.g., lorm, loctory, street, office injury occurred in at will an injury occurred in at will an injury occurred in at will an injury occurred in at will an injury occurred injury occurred in a will an injury occurred injury	opsy X  ASSIS	2C. WHERE DID (INJURY OCCUR?  2F. HOW DID INJ  and that an the micide UCHIEF MEDICAL EXITATE M	Is basis, d	eath in m	y opinio	Yes  n  DATE SIG	GNED .971
22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (MO OF INJURY (APPROX.)  23.  I certify resulted  ACTUAL SIGNATURE EXAMINER' NAME (Typ	II ICANT CONDITIONS CO If BUT NOT RELATED TO DIDITION GIVEN IN PA IPPERATION 208. CON IL CAUSE WAS JOR CONTRIB- E OF DEATH. That I held an Ir I from: Natural cause S Charles e)	THE TERMINAL RT 1 (A).  JOITION FOR W  228.PL home, WH  M. WC  Regulry  See S. Ac  See Spring	ACE OF INJURY (e.g., lorm, loctory, street, office injury occurred at which is the street in the street injury occurred at which is the street injury occurred at which is the street injury occurred at which is the street injury occurred i	opsy X  ASSIS	2C. WHERE DID (INJURY OCCUR?  2F. HOW DID INJ  and that an the micide UCHIEF MEDICAL EXITATE M	Is basis, d Indetermine (AMINER [ (AMINER [	eath in m	y opinio	Yes  n  DATE SIG	GNED
22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (MC OF INJURY (APPROX.)  23.  I certify resulted  ACTUAL SIGNATURI EXAMINER' NAME (Typ  24A. BURIAL CREMA REMOVAL (Specily)  25A. DATE REC'D BY	II ICANT CONDITIONS CO. I BUT NOT RELATED TO DNDITION GIVEN IN PA PERATION 20B. CON IL CAUSE WAS OR CONTRIB- E OF DEATH. I that I held an Ir I from: Natural cause S Charles e) HEALTH DEPT.	THE TERMINAL RT 1 (A).  IDITION FOR W    228.PL     home,     wh     m.   wc     Se   Sprin	ACE OF INJURY (e.g., lorm, loctory, street, office  INJURY OCCURRED.  ILLE AT NOT AT W.  Inspection August Augu	while opsy X  ASSIS  ASSO  CEME	2C. WHERE DID (INJURY OCCUR?  2F. HOW DID INJ  and that an the micide UCHIEF MEDICAL EXITATE M	Is basis, d Indetermine (AMINER [ (A	eath in m	y opinio	Yes  n  DATE SIG	GNED .971
22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (MC OF INJURY (APPROX.)  23.  I certify resulted  ACTUAL SIGNATURI EXAMINER' NAME (Typ  24A. BURIAL CREMA REMOVAL (Specily)  25A. DATE REC'D BY	II ICANT CONDITIONS COLOR TO THE PROPERTY OF T	THE TERMINAL RT 1 (A).  IDITION FOR W    228.PL     home,     wh     www.	ACE OF INJURY (e.g., lorm, loctory, street, office like AT NOT AT W.  Inspection August AT W.  August A. W.  Inspection D.  August A.  Inspection D.  August A.  Inspection D.  August A.  Inspection D.	while opsy X  ASSIS  ASSO  CEME	2C. WHERE DID (INJURY OCCUR?  2F. HOW DID INJ  and that an the micide UCHIEF MEDICAL EXITANT M	Is basis, d Indetermine (AMINER [ (A	eath in m	y opinio	Yes  DATE SIG	971 ote)
22A. EXTERNA UNDERLYING UTING CAUS 22D. TIME (MC OF INJURY (APPROX.)  23.  I certify resulted  ACTUAL SIGNATURI EXAMINER' NAME (Typ  24A. BURIAL CREMA REMOVAL (Specily)  25A. DATE REC'D BY	II ICANT CONDITIONS COLOR TO THE PROPERTY OF T	THE TERMINAL RT 1 (A).  IDITION FOR W    228.PL     home,     wh     www.	ACE OF INJURY (e.g., lorm, loctory, street, office in the local part of the local pa	while opsy X  ASSIS  ASSO  CEME	2C. WHERE DID (INJURY OCCUR?  2F. HOW DID INJ  and that an the micide UCHIEF MEDICAL EXITANT M	Is basis, d Indetermine (AMINER [ (A	eath in m	y opinio	Yes  n  DATE SIG	971 ote)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-230 71 894		TE OF DEATH	REG. NO. 71	8944
1. NAME OF DECEASED		2. DATE AND HO	OUR OF DEATH	
James P. Leich	t Jr.	Sept 2]	1971	M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO  FULL NAME OF HIF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	DNOUNCED DEAD	A. USUAL RESIDENCE (Where dec A. STATE 8. COUNTY Maryland C. CITY OR TOWN	D. INSIDE CITY LII	2739
Union Memorial Hos	pital	Baltimore E. STREET AND NUMBER 1358 Winston A	YES V	NO 🗌
5. SEX 6. RACE 7. MARR Male White WIDOW 10A. USUAL OCCUPATION IGIVE kind of work 10B. KINI		8. DATE OF BIRTH 9. AG	E (in years if Under Months 1	1 Yr. If Under 24 Hrs. Doys Hours Min.
done during most of working life, even il retired)	ht Co.	11. BIRTHPLAGE   State or foreign co	US	EN OF WHAT COUNTRY
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
James Leicht		Maggie Har	rt	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) Ilf yes, give wor or doles of servi		17. INFORMANT		ADDRESS
yes WW 2		Mrs. Catherine	Leicht same	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Leute A	Yocardial Intono	tion	APPROXIMATE INTERVAL ETWEEN ONSET AND GEATH
(This does not mean the mode of dying, heal failure, osthenia, etc. It means the dise injury or camplication which coused deoth.)	DUE TO, OR AS	A-CONSEQUENCE OF:		7
ANTECEDENT CAUSES	ANRIO	rolentic Heart I	soese	15 40ans
DISEASES OR CONDITIONS, il any, giv rise to the above couse (A) stating UNDERLYING CONDITION lost.		A CONSEQUENCE OF:		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG AL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  179. DATE OF OPERATION 179. CONDITION F WAS PERFORMED WAS PERFORMED 171. ACCIDENT WAS UNDERLYING TO	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF D	CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomines)	218. PLACE OF INJURY (e.g., ir home, form, factory, street, aff etc.)	or obout 21C. WHERE DID	(II In Boltimore City, give	exect focation)
OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While	21F. HOW DID INJURY C	CCUR?	
22 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Wark L At Work	1 /9 /-/	P	X 171
22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive of		19 2 and that In (	(my) (dor) apinion death	1919
and haur and from the causes stated above	11		a. a	
23A. SIGNATURE	ME Alla	. /	238, DATE	SIGNED
23G.PHYSICIAN'S NAME (Type)	DEGREE Phys	Med. Staff Director Phys.		2////
Dr. Loy Zimme	rman	3202 Harford	d Rd., Balto.	Md.
	NAME OF CEMETERY OF CRE			
25A. DATE REC'D BY HEALTH DEPT. 258 NAM	oreland Mem.	Balto 25C. FUNERAL DIRECTOR	. Md.	ADDRESS
SEP 24 1971 Value & Fails	起来是   00	Legnand J. Ruc	ck Inc.,Balt	o.Md. 21214

• · W yes 

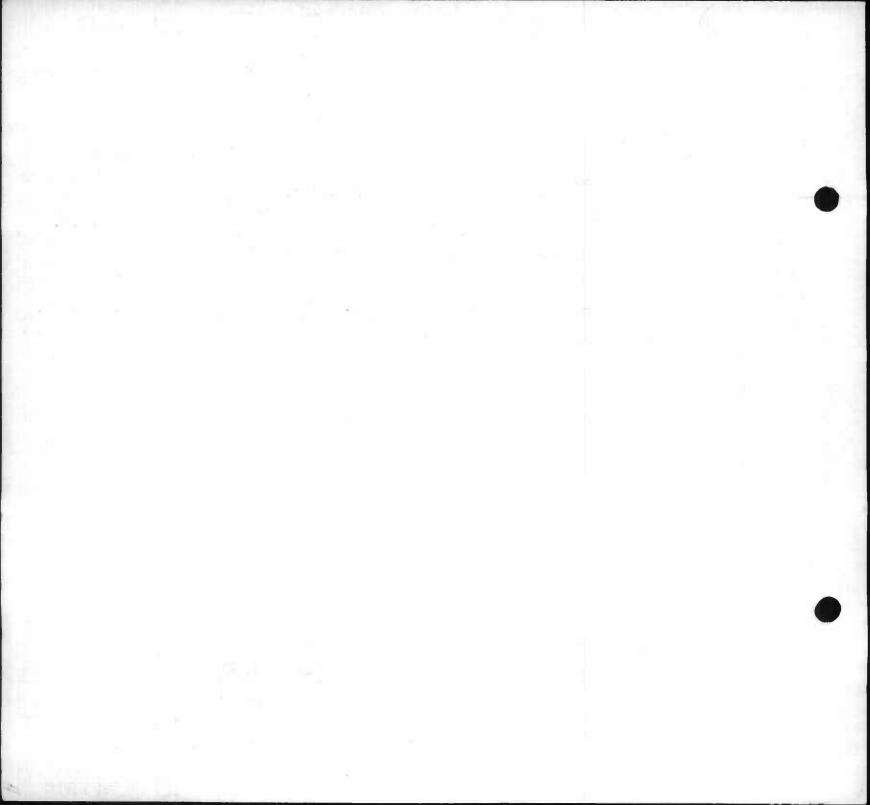
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) was cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

-	V-167 71 0015		HEALTH DEPARTMENT	REG. NO	71	9045
Bil	RTH NO.	IFICA	E OF DEATH	KEO. 110		0940
	NAME OF DECEASED  (PO OF PRINT)  ADA  RIVERS	,	2. DATE A Sept	ND HOUR OF DEATH		5.35Am
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Wh A. STATE & COU	ero deceosed lived. If is	nstitution: 1	
FL	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION)  THE CONTROL OF THE	- 11	MD C. CITY OR TOWN			1502
1174	LUTHERAN HOSPITAL, 730		Beltimore	D. INS	YES T	
	LYTHERAN HOSPITAL, 730 ASHBURTON ST. BALTIMORE,		E. STREET AND NUMBER			
5	MD 2+2-16.  SEX   GRACE   IZ-MARRIED   SEXED ALSO		1613 H. Ap		212	
,	GEMAIL NEGRO MARKIED NEVER MAR	RIED   8	3-18-1901	9. AGE (In yours last birthdoy) 70	Months!	Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR I	NDUSTRY 1	1. BIRTHPLACE (State or for	eign country)	12. CIT	ZEN OF WHAT COUNTRY?
	Housewife		SOUTH CA	ROLINA.		U.S.A.
13.	FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME		
	Isaac Caine		Sarena 7. INFORMANT			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) [If yes, give wor or dotos of sorvice)   16. SOCIAL SECURITY N		7. INFORMANT			ADDRESS (DAUGHTER)
	No		Mildred Car	ter 1613/	V. AP	PLETON ST.
	7 3 6 6	OF DEATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DIATE CAUS	CEREBRO - VI	ASCULAR- AC	CIDEN	7
			CONSEQUENCE OF:			
		HVPE	RTENSION.			4-days
	DISEASES OR CONDITIONS, if any, giving DUET	O, OR AS A	CONSEQUENCE OF:	******************		
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)					
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A).					
TIFIC	199A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	ON	20A. AUTOPSY? (Yes or N	208, IP YES, WERE	FINDINGS USES OF	CONSIDERED DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJU   10 CAUSE OF   10 CAU	JRY (e.g., in street, offic	or obout 21 C. WHERE DID e bldg., INJURY OCCUR?	(If In Boltimor	e City, giv	e exect location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hous) 21E, INJURY OCCU		21F. HOW DID IN.	URY OCCUR?		
<	TOTAL CONTROL OF THE PROPERTY	Not While At Work				
	22. I certify that (I) (this hospital) attended the deceased fr	- 1		19 <u>II</u> to		9/22/1971
	that (I) (we) last saw the deceased alive on	4/23	und tr	at in (my) (our) opl	nion dea	th occurred on the date
	and hour and from the causes stated above. (1) (We) (did) (4)	id not) vie	w the body after death.			- Mc2.532
	1 talls	Attend	ing Med.	Staff [7]	23 B, DAT	E SIGNED
	23C. PHYSICIAN'S	GREE Phys.	Director L	Staff Phys.		792 27 19 1
	NAME (TYPO) AZAD CADER.		Lutheran Ho	p. Balter	nore	Md 21216.
24/	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETEI		ATORY 24D, L	OCATION (Ci	ty, lown, o	or county) (State)
	Burial 9.27.71 Union Cy	pres:	5 Cem. Go	ordon, S	outh	Carolina
25/	DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	00	Charles A.			Barre St.
A2	EP 24 1971 Robe & Faller RD.	- J	CIMITES 1/14	1100 66	I PY.	burre st.

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such of death Deceased hospital and I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (Type or Print) uo death. 3. PLACE IN BALTIMORE, MARYLAND, attendance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? cause; 0 O YES -NO prior contributing AND NUMBER occurred disposition is made. (4) Undetermined in regular 5. SEX 9. AGE (In year If Under 1 Yr. Months: Doys If Under 24 Hrs. NEVER MARRIED deceased Hours ost birthdo WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death done during most of working life, even if retired) MACHINI 13. FATHER'S NAME MOS the 14. MOTHER'S MAIDEN NAME assistant LO death kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance any CAUSE OF DEATH pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF emba heart failure, asthenia, etc. It means the disease, ar monsie e050 466 injury or complication which caused death.) with 0 valer regu ANTECEDENT CAUSES who 0 4 are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving the above couse (A) rise fo sfofing the UNDERLYING CONDITION last. physician remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) the (2) Body 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) where hospital °Z DEATH (notify medical examiner) etc.) nature; MEDI obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) At Work Work and to the any 22. I certify that (1) (this hospital) attended the deceased fram 19 9 that (1) (we) last sow the deceased alive an pe and that in(my) (our) apinian death accurred an the date of death) hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. was released must accident 23A. SIGNATURE 23B. DATE SIGNED Attending X Med. Staff 40 Director L Phys. approval DEGREE 0 23C. PHYSICIAN'S 23D. ADDRESS prior to. NAME (Type) ď DEGREE 24A. BURIAL CREMATION. 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) deceased he body was D.O. REMOVAL (Specify) written shows: New 25A. DATE REC'D BY HEALTH DEPT. 25C FUNERAL DIRECTOR Rais

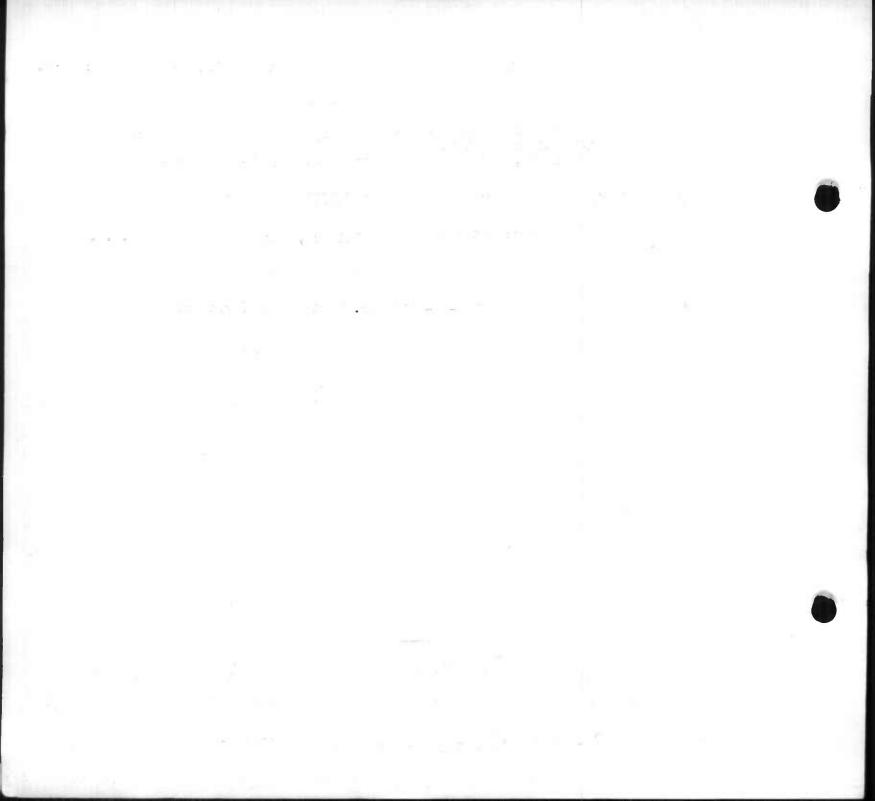
and the second s Ship hard and have been been

	100	BALTIMORE CITY	HEALTH DEPARTMENT			
	) -4/2 71 8947.		TE OF DEATH	REG. NO.	8947	
(T)	MR. WACLAW ULAR	LABICH 31 C H	2. DATE AND HOUR OF DEATH  9-22-71  4. USUAL RESIDENCE INhere deceased lived. If institution: residence before admiss			
3.	PLACE IN BALTIMORE, MARYLANO, WHERE PRONOUNCE	D DEAD	A. STATE Md B. COUN	e deceased lived. If instit	ution: residence before admiss	
FLHIN	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	Marifamil C. CITY OR TOWN Balt		City Limits?	
1	Church Home & Hospital		saifi more		ES NO	
7	Church Home & Hospitae		113 S. Ann	113 S. An	Street	
	SEX Male 6. RACE White 7. MARRIED N WIDOWED	DIVORCED	9-05-88	93	f Under 1 Yr. If Under 24 Aonths Days Hours Mi	
do	A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSI as during most of working life, even if refired) LONGSHOFE Lities dony Show man Cargo LO	mess or inpustry man, Ship ading			American h	
	FATHER'S NAME Alexander Dlab		14. MOTHER'S MAIDEN NAA		Mulliano of	
15	Whitehat / Drapick		M44417.	Anna Trzc		
(Ye		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No - 214-	01-0716	Mrs.Catherine	Dlabich, 1	13 S. Ann St.	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	vasenden Acc	ivent	BETWEEN ONSET AND DE	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, e.g., It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		duz	
	injury or complication which caused death.)	11 1	nforsim, ASC	LUP Atime:	Fibrest ,	
	ANTECEDENT CAUSES	(a) Hype	ight //	/////	Jens	
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	rise to the above cause (A) stating the UNDERLYING CONDITION last,	(c)				
	11					
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
AT	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************				
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION FOR WHICH WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?	
¥	OR CONTRIBUTING CAUSE OF home, for elc.)	CE OF INJURY la.g., ir m., foctory, street, of	ice bidg. INJURY OCCUR?	(If In Boltimore C	ity, give exact location)	
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJU	TRY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
2	(APPROX.) While At	Not While	· 🗆			
	22. I certify that (I) (this hospital) attended the de			7/10. 9	- 22 10 /	
	that (1) (we) last saw the deceased alive on	9/22	1 1		n death accurred on the	
MEDIC	that (1) (we) last saw the deceased alive on	9/22	197/and tha		n death accurred an the	
		9/22	197/and tha	t in(my) (aur) opinia	n death accurred an the	
	that (I) (we) last saw the deceased alive onand hour and from the causes stated abave. (I) (We	9 (did) (did not) vi	19 7/ and the	t in(my) (aur) opinia		
	and hour and from the causes stated abave. (1) (We  23A. SIGNATURE  MA. Euro V. Manyan  23C. PHYSICIAN'S	(did) (did not) vi	19 7/ and the	t in(my) (aur) opinia		
	and hour and from the causes stated abave. (1) (We 23A. SIGNATURE  MM. Ehm V. Manyan	(did) (did not) vi (DEGREE Phys	19 7 and the lew the body after death.  Med. Director :	t in(my) (aur) opinia		
	that (1) (we) last saw the deceased alive on and hour and from the causes stated abave. (1) (We 23A. SIGNATURE  MA. ELMA V. MANGAY  A. BURIAL CREMATION, 124B. DATE 124C. NAME	9 / 2 v e) (did) (did not) vi DEGREE Phys	19 7 and the lew the body after death.  Director 13D. ADDRESS  Church H	in (my) (aur) opinia  inoff   23  me	e, DATE SIGNED  9-22-7/  Fitue  (Stoke	
24/	that (1) (we) last saw the deceased alive on and hour and from the causes stated abave. (1) (We 23A. SIGNATURE  MA. ELMA V. Manyan  23C. PHYSICIAN'S NAME (Typel  MA. BURIAL CREMATION, 24B. DATE  24C. NAME (REMOVAL (Specify)	(did) (did not) vi	19 7 and the lew the body after death.  Inding Med. Director 33D. ADDRESS  Church H  MATORY 24D. LO	t in (my) (aur) opinia  staff hys.  A  CATION  (Guy, 1)	B. DATE SIGNED  9-22-7/  pi Ine  (Stoke	
24/ F	that (I) (we) last saw the deceased alive on and hour and from the causes stated abave. (I) (We 23A. SIGNATURE  MA. ELMA V. MANGAY  A. BURIAL CREMATION, REMOVAL (Specify)  Burial  9/25/71 Sacre	did) (did not) vi  M.D. Atter  DEGREE  Phys  CEMETERY of CRE  d Heart 0	19 7 and the lew the body after death.  Inding Med. Director 33D. ADDRESS  Church H MATORY 24D. LO  f Mary Bal	in (my) (aur) opinia  inoff   23  me	e, DATE SIGNED  9-22-7/  file  file  (Stoke  Md.	
24/ F	that (I) (we) last saw the deceased alive on and hour and from the causes stated abave. (I) (We 23A. SIGNATURE  MA. ELLIN V. Manyan 23C. PHYSICIAN'S NAME (Typel MA. BUENA V. MANGAY A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify) 9/25/71 Sacre	did) (did not) vi  M.D. Atter  DEGREE  Phys  CEMETERY of CRE  d Heart 0	19 7 and the lew the body after death.  Inding Med. Director 33D. ADDRESS  Church H MATORY 24D. LO  f Mary Bal  125C, FUNERAL DIRECTOR	tin(my) (aur) opinion  inoff hys.  23  The Harmonian (Gay, 1)  timore,	e, DATE SIGNED  9-22-7/  file  m, or county) (Store  Md.  ADDRESS	
E 157	that (I) (we) last saw the deceased alive on and hour and from the causes stated abave. (I) (We 23A. SIGNATURE  MA. ELMA V. MANGAY  A. BURIAL CREMATION, REMOVAL (Specify)  Burial  9/25/71 Sacre	did) (did not) vi  M.D. Atter  DEGREE  Phys  CEMETERY of CRE  d Heart 0	and the lew the body after death.  Inding Med. Director 33D. ADDRESS  Church H MATORY 24D. LO  f Mary Bal  25C, FUNERAL DIRECTOR	tin(my) (aur) opinion  inoff hys.  At the cation (Gay, station)	EL DATE SIGNED  9-22-7/  Filme  [Md.  ADDRESS	



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased privatiten approval must be obtained before the remains are embalmed or final disposition is made.

11	16 0 =			BALTIMORE CITY	HEALTH DEPARTMENT			
	77-050	2 71 8!	948		TE OF DEATH		71	8948
1.	RTH NO.	0,	3/ 20			AND HOUR OF DEATH		00 10
	pe or Print		Hawkins			tember 22, 197	1	2:00 p. M.
3.	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CC	Where deceased lived. If in	stitution: r	residence before admission
II H	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Maryland	÷.		130 T	
IN	STITUTION			pital Complex	C.CITY OR TOWN Baltimore	D. INSI	DE CITY L	
	39		iberty		E. STREET AND NUMBER	R	YES X	NO
			ore, Ma		3300 Auchent	rolroly Terrac	ce	
		Black	7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH 10/25/13	9. AGE (in years lost birthdoy)	If Unde Months	Pr 1 Yr. If Under 24 Hrs. Doys Hours Min.
10,		ATION (Give kind of work			11. BIRTHPLACE (Stote or	58 foreign countryl	112, CITI	ZEN OF WHAT COUNTRY?
		orking life, even if retired[	Mercha	nt Club	Baltimore, Ma		-	.S.A.
13.	TATHER'S NAM	E			14. MOTHER'S MAIDEN			· · · · · · · · · · · · · · · · · · ·
	David	Owens:			Fannie Dixo	'n		
15. (Ye	Was Deceased E	ver in U. S. Armed For	ces? s of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	No			100-03-9415	Mr. David Owe	ns (Brother)		Same
	18. 4/3	21		CAUSE OF DEATH	111	A	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR	RECTLY	Cerebr	D-Vascuvan	Marida	+	1 No.
	(This does not	meon the mode of sthenia, etc. II means	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	neanin	1	( accy
	injury or comp	licotion which coused	death.)	Q A	-01	1		$\Lambda$
		NTECEDENT CAUSES		(B) CASINIC	lay syme	Mousin		Unkum
	rise to the	obove couse (Al		DUE TO, OR AS	A CONSEQUENCE OF			11 1. 1/1/12
	UNDERLYING	CONDITION lost		(c) [ C	V.I/	*****************************		COMMEN
NO	OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING					
ATI	DISEASE OR CO	BUT NOT RELATED TO THE	T 1 (A).	***********	***********			*******************************
CERTIFIC	19A. DATE OF C	PERATION 198 CONI	ORMED	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B, IF YES, WERE F	INDINGS ISES OF I	CONSIDERED DEATH?
CER		WAS UNDERLYING		PLACE OF INJURY (e.g., in	ar obout 21 C. WHERE DID	(If In Boltimore	City, gly	e exocl locotion)
CAL	DEATH (notify n	nedicol exominer)	home	e, form, foctory, street, aff	ice bidg., INJURY OCCUR?	,		
MEDIC	21D. TIME (	Monthi (Doyl (Year)	(Hour 21 &	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
2	(APPROXI		Whil	e At Not While				/
	22. I certify th	nat (1) (this hospital)	) attended th	e deceased from	9/22		91	122 19 7/
		st saw the decease		9-22			Ion deat	th accurred an the date
	and hour and i	ram the causes state	ed abave. (1)	(We) (dpl) ( <del>did not</del> ) vi	ew the bady after deat			
	A A	IAAMA (	O-To	TAN IVE WY L'OL.	nding Med.	Shaff Nor	23 B. DAT	E SIGNED
	23C. PHYSICIAN	S C C C C C		DEGREE	3D. ADDRESS	Phys.	H	100/11
24	BIUBLAL CREA	AULOICA	0	- TAN DEGREE	PIGULDEI	UT HOSP.	BAL	TIMORE MY.
247	BURIAL CREM	ecify)	21 0	ME of CEMETERY of CRE		LOCATION (Clay	, town, o	r county) (Stote)
25/	DUC 100 /	9-20-1 Y HEALTH DEPT.	25B. NAME D	-butus Men	n PK	Arbutus		IVId
	SEP 24		E. Jaile	, A.D.O O O	25C. FUNERAL DIRECT	S. AA	200	ADDRESS'
VS	150-REV. 1/1/6B				1	2.	222	-24 MORTAAN



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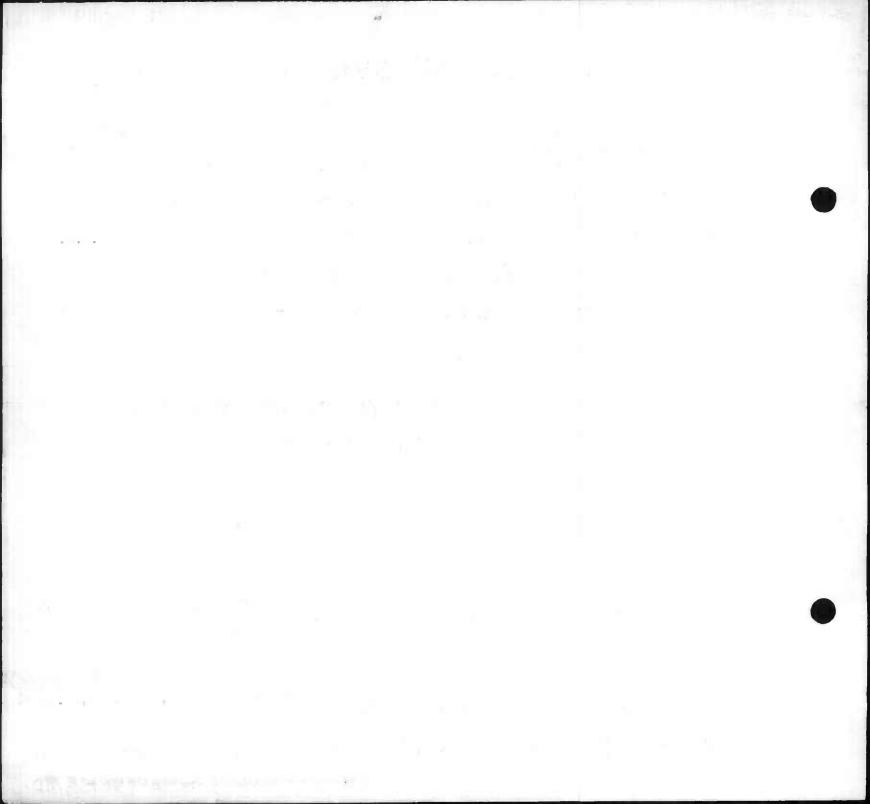
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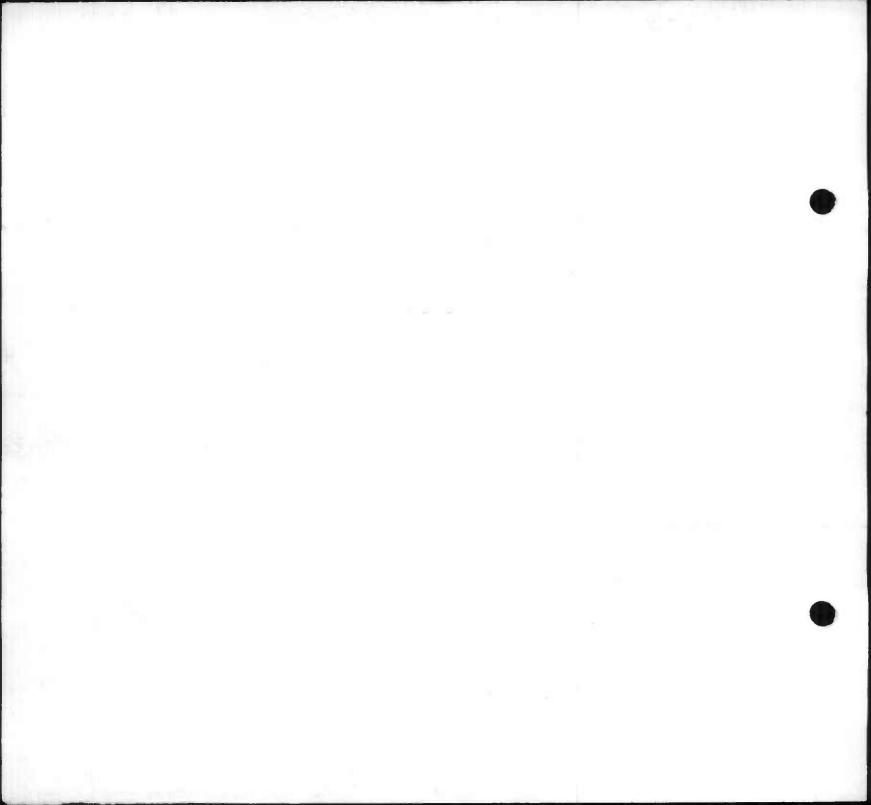
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final 9 embaimed are the remains before obtained pe must approval written VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

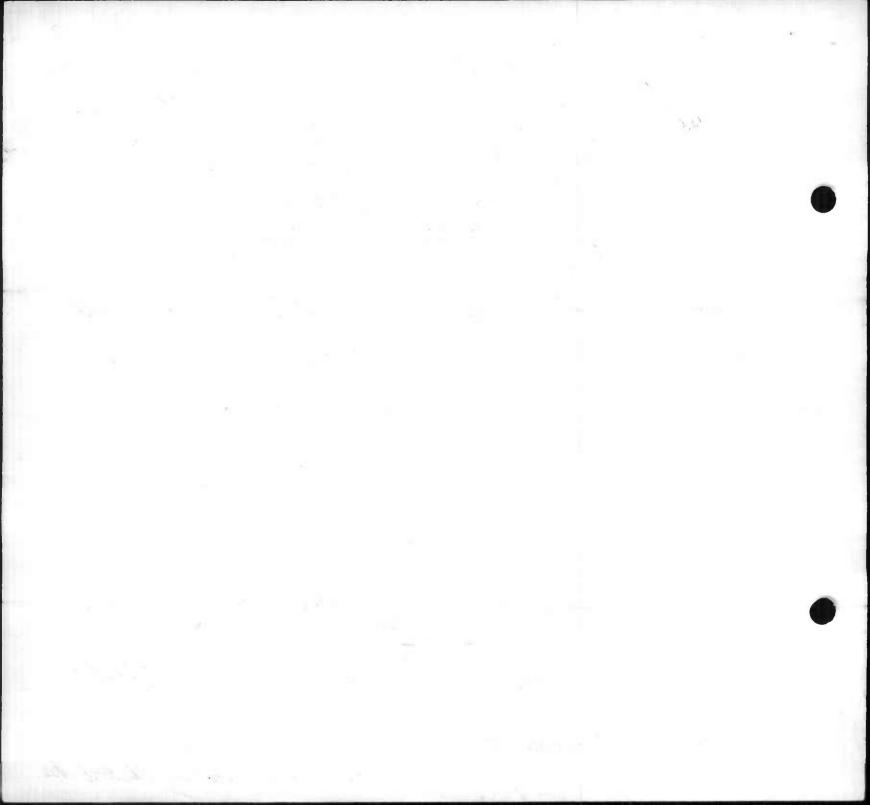
BIR	5-34K	71	8950		HEALTH DEPARTMENT	REG. NO	71 8950
	Pe or Print)	CEASED	0		2. DATE	AND HOUR OF DEAT	Н
		DOREEN	OTO.	LNERTHY		9/21/71	1 8.15 am
3.	PLACE IN BAI	TIMORE, MARYLAND, Y	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	Were deceased lived. If	institution: residence before admission)
FU	LL NAME OF	OF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland Bal		1700
IN:	STITUTION	ADDRESS DR LOC	ATION)	OHOLI OLIVE STREET	C. CITY OR TOWN		ISIDE CITY LIMITS?
5	01	0	11	1.01	Woodlawn		YES NO X
1	MARYLA	mo Genera	c H	0,2	E. STREET AND NUMBER		
	/				3124 Rices La	ne 21207	
۰ S	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 His. Manths Doys Hours Min.
E	MALE	WHITE	WIDOWED		NOV.30,1901	last birthday)	Manths Doys Hours Min.
0A	USUAL OCC	UPATION (Give kind of work working life, even if relired)	IOB KIND OF	BUSINESS DR INDUSTRY	11. BIRTHPLACE (State or fo	reign country!	12. CITIZEN OF WHAT COUNTRY
OII	HOMEMAK		H.W.		MA MOUTECOMED TO	NOT AND	
3.	FATHER'S NA		11.011.0		MANCHESTER, E		U.S.A.
			D		14. MOTHER'S MAIDEN N.		(
		WILLIAM PARKE				MARY JANE	(CADMUS)
05	wos Deceosed ano or unknown	Ever in U. S. Armed For Off yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY ND.	17. INFDRMANT		ADDRESS
	10	NONE		039-07-6440	HARVEY L. STO	LUORTHY RIC	FS LANE
-	18.	10.00		CAUSE OF DEATI		PHONTHI VIC	APPROXIMATE INTERVAL
200	DISEASES Of the UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, il obove cause (A) O CONDITION (ast.  Il CANT CONDITIONS COI H BUT NOT RELATED TO TH	Stating the	(C) MASKAT	A CONSEQUENCE OF:  FRICTHROSE	30515 (Park	Med 36 hrs
	19A. DATE OF	OPERATION 198 CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES. WERE	FINDINGS CONSIDERED
CENIICIC	21	WAS PERF			Ves	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
3	DEATH (notify	TING CAUSE OF medical examined	21 B. ham etc.)	e, farm, factory, street, off	or about 2/C. WHERE DID	(If In Boltime	ore City, give exoct location)
MEDI	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
:	(APPROX.)		While	Not While			
1	22. 1 caratte	that (1) (this booptfal)			9 / /		
					1 / 10	19 <u>Z/</u> to	9 / 21 / 19 7/
- 1		last saw the decease		9/21/		hat In (my) (our) op	Inion death occurred on the date
1	and hour and	from the causes state	ed abave. (I)	(We) (did) (did not) vi	ew the body after death.		
2	23A. SIGNATUI	RE	(a)	17	, ,	100.16	238, DATE SIGNED
	Tran	ris /	Da	DEGREE Phys.	ding Med.	Staff Phys.	9/2//2/
	23C. PHYSICIAI	Y'S		DEGREE	3D. ADDRESS		1/2/1
		FRANCIS	1	Daly 12	11 15	PHUST	55 95 11
ıA.	BURIAL CREA	AATION, 248, DATE	71 24C. NA	ME OF CEMETERY OF CRE	MATDRY 24De I	OCATION (C	ity, town, or county) (Stotel
X	KKKKK CI	REMATION	LOU	DON PARK CREMA	ATORY RAT	TIMORE, MAR	YLAND
A.	SEP 94		25B. NAME OF	FREGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS ty Road 21133
_	50-REV. 1/1/6		-V 1-004	3)	CAON PAG CATERS	O'Ze Liber	cy Road ZII33



	4-531	71	0051		HEALTH DEPARTMENT	REG. NO.	1 8951
1	TH NO.		8951	CERTIFICA	TE OF DEATH	REG. NO	000=
	Pe or Print)		11= vi		2. DATE	AND HOUR OF DEATH	0 - 4 .
3.	7,000	ORE MARYLAND, W	HENTZ	SED DEAD	A LISUAL RESIDENCE (W	2 ( // here decosed lived If ins	18.30 AM M.
		THE MICHELLY	HERE PRONOUNC	ED DEAD	A STATE B COL	JNTY	inition: residence belore admission)
HC	LL NAME OF SSPITAL OR STITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTION	N, GIVE STREET	C. CITY OR TOWN		1506
	0	1 /	1	11 ,	BAItimeRe		YES NO NO
Ib	Marya	end be	und	40 Shit	E. STREET AND NUMBER		TESTED NOT
	/				1802 EUTA	w 5T.	
5. 5	6. R.	ACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	/ ( _	W	WIDOWED	DIVORCED	415/86	88	
don	OSUAL OCCUPAT o during most of working	ION (Give kind of work ng life, even if rettred)	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	naintainens	e.	Crown	onho Seelle	MD.		USA
13.	FATHER'S NAME		)		14. MOTHER'S MAIDEN N.	AME 2	
						(	
15. (Ye:	Was Deceosed Ever 4 no or unknown) (If y	in U. S. Armed Fores, give wor or dote	s of service)	SOCIAL SECURITY NO.	17. INFORMANT	^	ADDRESS
	no	-	2	3-01-05644	Haward Si, I	ones 25 Bel	more Rl 21093
	18. 4/2	41	,	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		R CONDITION DIS	RECTLY		CI	1. ni	DETWEEN ONSETAND DEATH
		neon the mode of	dving. e.g.,	(A) IMMEDIATE CAU		GG-KIR	role About SWK
	heart failure, asth	enia, etc. It means lion which caused	the disease.	DUE 10, OR AS	CONSEQUENCE OF:	emplepia	
		CEDENT CAUSES	a dansas	10	- VD		
		CONDITIONS, if	ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
		ove cause (A)		//	T1 - D	herman	
	ONDERENING CC			(c)	-lk	recarres reac	
NO	OTHER SIGNIFICAN	II IT CONDITIONS CO	NTRIBUTING				
ATI	TO THE DEATH BU DISEASE OR COND	T NOT RELATED TO THE	IE TERMINAL		***************		
CERTIFICATION	19A. DATE OF OPE	RATION 198 CON	DITION FOR WHIC	CH OPERATION	20A. AUTOPSY? (Yes or )	10 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CER	21A. ACCIDENT W	AS HADERIVING	218 01 0	CE OF INDIANA	7000	+	
II . I	OR CONTRIBUTING	AS UNDERLYING	home, fo	orm, fociory, street, of	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR!	(It In Boltimore	City, give exoct location)
JICAL	Matter Treatment	nth) (Doy) (Yeori	Yo				
MEDI	OF INJURY	Will (Doys (Feon	While A	WRY OCCURRED Not While	21F. HOW DID IN	IJURY OCCUR?	
	TAPPROXI		Work	At Work	5/1		1
II I		(I) (this hospital)		eceased from	8/30/11	_19ta9 <sub>/</sub>	19 /
11 1		saw the decease		1/2/			lan death occurred an the date
	and hour and from 23A. SIGNATURE	n the causes stat	ed above. (1) (W	e)(did) (did nat) v	ew the bady after death		
	23AL SIGNATURE	>	1	Q M DAtter	oding [7] Med. [7]	Shaff	23B. DATE SIGNED
	23C. PHYSICIAN'S		) ohur	DEGREE Phys	Director L	Phys.	7/2///
	23C. PHYSICIAN'S NAME (Type)	0 1	1105		3D. ADDRESS	ylund G	eneuel Hogh
24A	BURIAL CREMATI	ON 24R DATE	24C, NAME	OL CEMETERY OF CRE	821 Lin	Alen Ave	9/1.
	REMOVAL (Specif	y) 0 1	h	CENTETERT OF CRE	VIAIORT 24D.	0 11	town, or county) (Stote)
25A	DATE REC'D BY		971 Ba	Clemens	4,		de
	SEP 24	1971 Rob	TE VILL		25G FUNERAL DIRECTO	All 31	ADDRESS Les
I Lys	150-REV. 1/1/68	-			verue 6 sone	usercen/ < 00	TO MESSAGE THE

3450 ElM AVe, Adm. 5/9/69

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH death Deceased Such 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 hospital AAC death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence GUCO & COUNTY (2) cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN (4) Undetermined cause; attend D. INSIDE CITY LIMITS? 0 ō House in the Pines NO YES X prior contributing Below Pol E. STREET AND NUMBER occurred 8 is made regular 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9. AGE (In years if Under 1 Yr. Months! Doys If Under 24 Hrs. eceased lost birthdoy WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11% BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT COUNTRY? disposition = done during most of working life, even if retired) or ō Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct death EO kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 1.6. SOCIAL 17. INFORMANT ADDRESS final S SECURITY NO. nce 26-44-7283 1 was pronounced any embalmed or APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, b.g.) heart lailure, asthenia, etc. It means the disease, rapture DUE TO, OR AS A CONSEQUENCE OF: THINE ner. liviury or camplication which caused death.) ANTECEDENT CAUSES DXOR DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS/A CONSEQUENCE OF: medical ex rise to the above cause (A) stating the physician remains UNDERLYING CONDITION last Was CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician the Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) the O CERTIFI WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 where 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) to the hospital ° MEDICAL DEATH (notify medical examined) etc.) any nature; 608 21D. TIME obtained (Doy) (Yeoil (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While approved (except While At (APPROX) and Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (\*\*\*) last saw the deceased alive on pe 19 and that In(my) (eus) apinian death accurred an the date. of hospital death) and have and from the causes stated above. (1) (We) (did) (did.not) view the bady after death. the body was released must An accident 238, DATE, SIGNED Attending & Med. Staff 0 written approval Director O 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Type) D.O.A. shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY eceased 24D. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Was 25C TUNERAL DIRECTOR VS 150-REV. 1/1/68



71 8953 BALTIMORE CITY HE	ALTH DEPARTMENT					
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	8953				
1. NAME OF DECEASED (Type or Print)  CLARENCE THOMAS	2. DATE Known Manth Day OF DEATH Estimated	Year Hour				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day PRONOUNCED DEAD 9 19	Year Haur 1971 10:05 p				
OR INSTITUTION  1503 N. Wolfe St.	5. USUAL RESIDENCE (Where deceosed lived, If Institution: A. STATE Md. B. COUNTY	residence before admission)				
6. SEX 7. RACE 8. MARRIED NEVER MARRIED 1 DIVORCED 1	C. CITY OR TOWN  Balto.  Balto.  Balto.  Balto.					
9. DATE OF BIRTH 10. AGE (In years last birthday)   Months: Days Hours Min.		S L NO L				
II. BIRTHPLACE (Stote or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Clarence Thomas					
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI dane during mast of warking life, even if relired)	15. MOTHER'S MAIDEN NAME					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or dales of service)  17. SOCIAL SECURITY NO. 215-30-281		DRESS				
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	avenous narcotism	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	VAS PERFORMED 21. AUTOPSY? (Yes ar i					
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, larm, factory, street, office uting Cause of Death.	in ar about 22C. WHERE DID (If In Baltimare City, give exact bldg., etc.) INJURY OCCUR?	l location)				
OF INJURY (MADE) WHILE AT MOT	22F. HOW DID INJURY OCCUR?					
23.  I certify that I held an Inquiry Inspection Au resulted from: Natural causes Accident Suicide  ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSell S. Fisher, M.D.  24A. BURIAL CREMATION, 124B. DATE  124C. NAME of CEMETERY	and that on this basis, death in my a de Homicide Undetermined manner C  CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 9-20-71				
REMOVAL (Specify) Burial 9/25/71 Mt Calvary	Cemetery Anne Arundel					
SEP 24 1971 Valent E. Janes, 100.	Wm C March 928 E. No.					
VS 151-REV. 1/1/68						

VS 150-REV. 1/1/68

174	8954		BALTIMORE CITY			in Name of the second	.71	8954	
BIRTH NO.	000		CERTIFICA	TE OF D	EATH	REG. N	O. <u>* - * - · · · · · · · · · · · · · · · · </u>	000 1	
1. NAME OF DEC		224			2. DATE A	ND HOUR OF D	EATH		
3. PLACE IN BAL	Wilson Wi	Lliam N	eyers	A HISHAT DES	IDENCE (W/L	9/23/71		7:30	<u>R</u>
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	A. STATE	B. COU	NTY	d. If institu	tion: residence befor	e odmission)
HOSPITAL OR	ADDRESS OR LOC.	ATION)	,	C. CITY OR TO	WN	0	. INSIDE	CITY LIMITS?	
00	1711 Casad	lel Aven	ue	Baltin E. STREET AN	nore		YE	S <b>1</b> 0 NO	
	Baltimore,	Md. 21	230	1711 (	Casadel	Avenue			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BI	RTH	9. AGE (In year	i ii	Under 1 Yr. If U	nder 24 Hrs.
male	white	WIDOWED		7/9/15		lost birthdoy) 56	Me	onths Doys Hours	Min.
toA, USUAL OCCI	UPATION (Give kind of work working life, even il retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or fare	ign country!	12	CITIZEN OF WHA	T COUNTRY?
	k sup. court	Baltim	ore City	Maryla	and			USA	
13. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NA	ME			
John M	evers			Sara I	3				
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17- INFORMAN				ADDRESS	
	WW II		214-01-58 <b>76</b>	Mana	Jan Mar	1771	1 (	adel Ave.,	21 220
yes	MM II		CAUSE OF DEAT		sten ne?	ers, I/I	I Cas	APPROXIMAT	
DISEASES O	al meen the made of asthenia, etc. It means plication which caused ANTECEDENT CAUSES of CONDITIONS, if above cause (A) is CONDITION last.	the disease, deoth.)	(a) MMEDIATE CAU DUE TO, OR AS  (B) ADENO DUE TO, OR AS  (C)	A CONSEQUENC	E OF:	NO-CAI L'VER NA TR	***********		YEAR
IO THE DEATH	[] ICANT CONDITIONS COT H BUT NOT RELATED TO TH DIDDITION GIVEN IN PART	E TERMINAL				**************************************		**********************	**************
6/25	OPERATION 198 CON	ORMED	ony LAPAROTO	ye.	NO NO	IN CERTIFYING	CAUSES	INGS CONSIDERED OF DEATH?	
OR CONTRIBU	TWAS UNDERLYING TING CAUSE OF	218, home etc.)	PLACE OF INJURY (e.g., ir e, lorm, foctory, street, of	of obout 21 C. W	HERE DID	(If In Bo	Itimore City	y, give exoct location	n)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. H	ILNI DID WO	URY OCCUR?			
(APPROXI		Whil	e Al Work						
22. I certify	that (I) (this hospital)	attended th	o deceased from SEPTEM hope	14 107/	1967 1		9/	23	19_2/_
				international Parishanana	and the	it In (my) (aux	apinian	death accurred a	in the date
23A. SIGNATU	RE	ed above. (1)	(WS) (did) ( <del>did not</del> ) vi	ew the bady a	fter death.				
Ste 23C. PHYSICIAI	They K Oc	rolu	DEGREE PHYS.	Di	ed. irector	Staff Phys.	238.	9/24/	7/
NAME (Ty	pel Stephen I	K.Padus	ssis, M.D.	St.Agn	es med	ical Ce	nter.	Baltimax	-, M
24A. BURIAL CREA REMOVAL (S	AATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LC	CATION	(City, to	wn, or county)	(Stote)
Burial 25A. DATE REC'D	9/27/7	1 Hol	y Cross Cemet			ltimore,	Md.	·	
2 P 2		E. Ja.B	223	2SC. FUNERA		Edmondso	n Ave	21228	

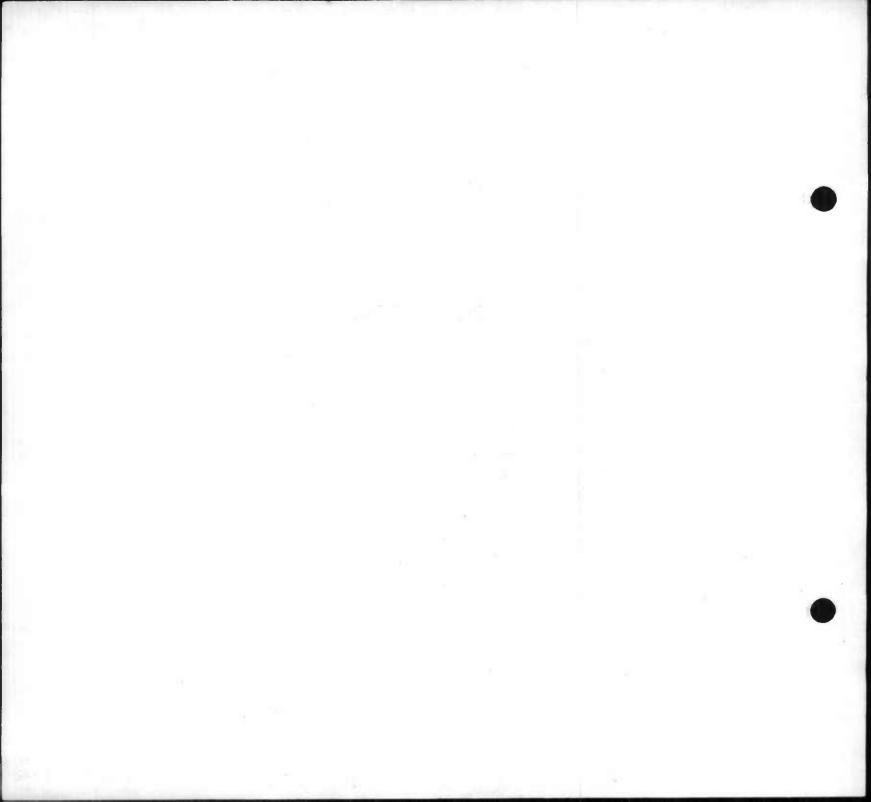
Witzke, 3630 Edmondson Ave.,

JMK

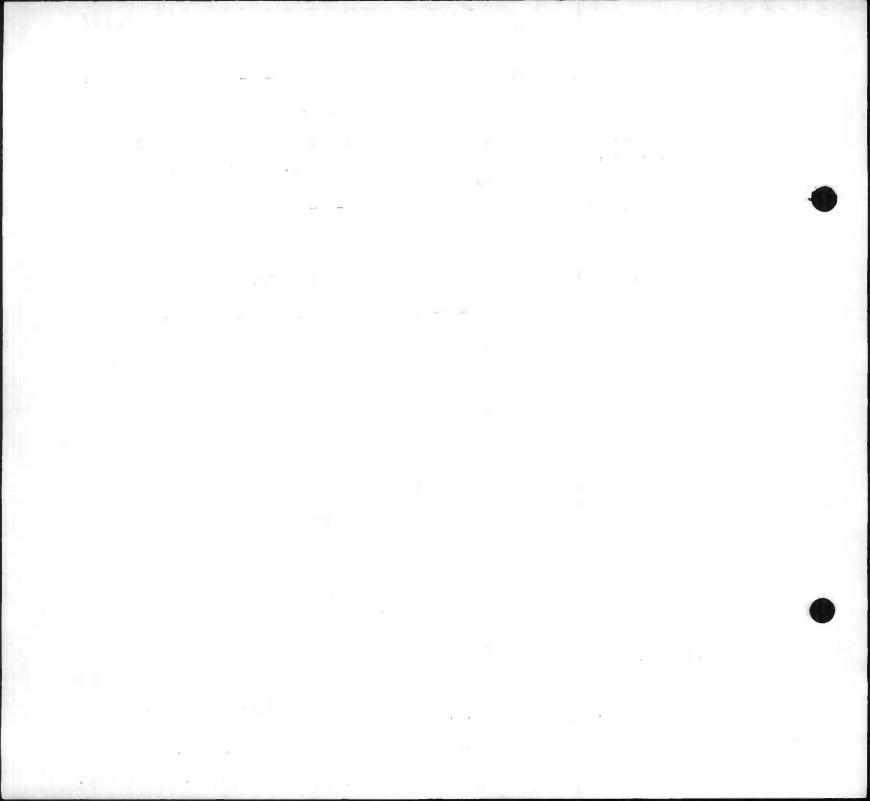
71 8955	TY HEALTH DEPARTMENT V 71 8055
CERTIFICA	ATE OF DEATH × REG. NO. 71 8955
NAME OF DECEASED	2. DATE AND HOUR OF DEATH
LEWIS, WILLIAM EDWARD  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	SEPTEMBER 24, 1971 7:50 P. M.  114. USUAL RESIDENCE (Whose deceased lived, If institution; residence before admission)
S. FLACE IN BALIMORE, MARILAND, WHERE FRONDONGED DEAD	A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	MARYLAND BALTIMORE 21228 C. CITY OR TOWN D. INSIDE CITY LIMITS?
ST AGNES HOSPITAL	BALTIMORE YES NO XX
CATON & WILKENS AVENUES	E. STREET AND NUMBER
BALTIMORE, MARYLAND 21229	416 GREENLOW ROAD
SEX 6. RACE 7. MARRIED X NEVER MARRIED	S. DATE OF BIRTH   9. AGE (in years   If Under 1 Yr., If Under 24 Hrs.   Months! Doys   Hours   Min.
MALE WHITE WIDOWED DIVORCED	1 12/12/15   55
OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI to no during most of working life, even if refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
AUDITOR State of Maryland	MARYLAND U.S.A.
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
WILLIAM E. LEWIS	GRACE HEIMLICH
5. Wee Decessed Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give war or dates of service) \$ECURITY NO.	17. INFORMANT WILKENS AVES BALT OPERS 21229
NO 213-01-6348	
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE Pulman pri androli
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease,	S A CONSEQUENCE OF:
injury or complication which caused death.)	
injury or complication which caused death.)  ANTECEDENT CAUSES	
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR A	IS A CONSEQUENCE OF:
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the	AS A CONSEQUENCE OF:
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  (6)  DUE TO, OR A	AS A CONSEQUENCE OF:
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  (C)	AS A CONSEQUENCE OF:
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  (C)	
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  174. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) staling the UNDERLYING CONDITION lest.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  174. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  214. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.	20A AUTOPSY (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined of DEATH (notify medical examined of DEATH (notify medical examined of DEATH (notify medical examined of DEATH (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	20A AUTOPSY? (Yes or No)  YES  In or about 21C WHERE DID  office bidg, INJURY OCCUR?  21E HOW DID INJURY OCCUR?
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED  212. ACCIDENT WAS UNDERLYING 213. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	20A AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Jin or obout 21C WHERE DID (II in Boltimore City, give exect location)  21E, HOW DID INJURY OCCUR?
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21A. PLACE OF INJURY (e.g. home, farm, foctory, street, etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While At Not William At Work At Work	20A_AUTOPSY? (Yes of No)   20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  In of obout 21 G. WHERE DID (II in Boltimore City, give exact location) office bidg. INJURY OCCUR?
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179. ACCIDENT WAS UNDERLYING WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While At Not Wille At Not Wille At Work At Work  22. 1 certify that (M (this hospital) attended the deceased from Condition of the conditi	20A_AUTOPSY? (Yes of No)   20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  VES   (It in Boltimore City, give exact location)
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examined of Injury (e.g. home, form, factory, street, etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not Willow At Work At	20A AUTOPSY? (Yes or No)   20B, IF YES, WERE FINDINGS CONSIDERED   YES   IN CERTIFYING CAUSES OF DEATH?    In or obout 21C, WHERE DID   (If in Boltimore City, give exect location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined of Injury (APPROXI)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not William At Work At W	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED YES IN CERTIFYING CAUSES OF DEATH?  VES  IN OF ODOUT 21 C. WHERE DID Office bidg. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  DEPTEMBER 24 19 71 to SEPTEMBER 24 19 71 24 19 71 and that In (M) (our) opinion death occurred on the date (view the body after death.
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  17A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, farm, foctory, street, etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work At	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED YES IN CERTIFYING CAUSES OF DEATH?  VES IN OF Obout 21 C. WHERE DID Office bidg. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  DEPTEMBER 24 19 71 to SEPTEMBER 24 19 71 24 19 71 and that In (M) (our) opinion death occurred on the date (view the body after death.
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g. home, farm, factory, street, etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At   Not Will	20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  VES   (It in Boltimore City, give exact location) office bidg. INJURY OCCUR?    21F. HOW DID INJURY OCCUR?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. 1 certify that (N) (this hospital) attended the deceased from 19B. CONDITION CONTRIBUTION 19B. CONDITION CONTRIBUTION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Work 19B. Not William At Work 19B. Not William A	20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    10 of obout 21C. WHERE DID office bidge INJURY OCCUR?   (II in Boltimore City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  11 WAS PERFORMED  21 A ACCIDENT WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED  21 A ACCIDENT WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED  21 A ACCIDENT WAS UNDERLYING OR WHICH OPERATION WAS PERFORMED  21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED While At OF INJURY (APPROXI)  22 I certify that (M) (this hospital) attended the deceased from the Causes stoted above. (M) (We) (did) (d(A) at)  23 D. SIGNATURE  23 C. PHYSICIAN'S NAME (Type)	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED YES IN OF Obout 21G. WHERE DID office bidg. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  DIP 71 and that In (M) (our) opinion deoth occurred on the date (view the body after death.  Hending Med. Stoff Phys. 25 71  23D. ADDRESS  CATON & WILKENS AVES. BALTO., MD. 21229
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. 1 certify that (N) (this hospital) attended the deceased from 19B. CONDITION CONTRIBUTION 19B. CONDITION CONTRIBUTION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Work 19B. Not William At Work 19B. Not William A	20A AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED   YES   IN CERTIFYING CAUSES OF DEATH?   YES   IN CERTIFYING CAUSES OF DEATH?   21F. HOW DID INJURY OCCUR?
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ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. home, farm, factory, street, etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (M) (this hospital) attended the deceased from Strong ond hour and from the causes stoted above. (M) (We) (did)Xd(d/nat)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  VICTOR BENAVIDES M D DEGREE PI  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMOVAL (Specily)  Burial 9/28/71 Loudon Park Cem	20A AUTOPSY? (Yes or No)   20B, IF YES, WERE FINDINGS CONSIDERED YES IN CERTIFYING CAUSES OF DEATH?    10 of cloud   21C, WHERE DID office bidge   INJURY OCCUR?   (Il in Boltimore City, give exact location)     21f. How DID INJURY OCCUR?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lest.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.I Work AI WORK AI W	20A AUTOPSY? (Yes or No)   20B, IF YES, WERE FINDINGS CONSIDERED YES IN CERTIFYING CAUSES OF DEATH?    office bidge   INJURY OCCUR?   (If In Boltimore City, give exect location)

3 % 20 11 ... 2 ... 5

	1-66:	3		BALTIMORE CITY	HEALTH DEPARTMENT		EM 0550
Bel	RTH NO.	J 1771 J	956	CERTIFICA	TE OF DEATH	REG. NO	/1. 8956
1,1	NAME OF DEC		000			ND HOUR OF DEATH	
СТу	pe or Print)	ROSENDO	LORE	ENTE	4	126/71	445 p
3.	PLACE IN BAL	TIMORE MARYLAND,	WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If in	stitution: residence before admission)
FU	ILL NAME OF	(IF NOT IN HOSE	TAL OF I	NSTITUTION, GIVE STREET	A. STATE B. COL	INIT	1215
H	STITUTION	ADDRESS OR LO	(NOITA	NSTITUTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
	5 6				BALTIMO		YES NO T
-	2)014	WS HOPKIL	15 H	HOSPITAL	E. STREET AND NUMBER		
					416 E	LAWVALE	STREET
5.	SEX	6. RACE	7- MAR	RIED NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	M	C	WIDO		2/26/93	lost birthdoy	Months Days Hours Min.
104	USUAL OCC	UPATION (Give kind of wo	rk 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
gor	SEA~	working life, even if retired		SHIPPING	PHILLIPM	58	USA
13.	FATHER'S NA				14. MOTHER'S MAIDEN NA	7-3	73.
	man	Anoles I per	) E 10	~		- 0	
15		ARU LOT			TRUDO	HENAL CANA	RRETE
(Ye	s, no or unknown	Ever in U. S. Armed F. (If yes, give wor or do	tes of serv	ice) SECURITY NO.	17. INFORMANT		ADDRESS
				216-12-08	23 MRS LES	SIE M. L	ORENTA
	18.5 %	2X 11/1	3.7	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION D					BETWEEN ONSET AND DEATH
	(This does -	LEADING TO DEATH		(A)IMMEDIATE CAU		1 - ACLITETREN	AL FORWARE DAYS
	heart failure,	asthenia, etc. it mean	s the disc	DUE TO, OR AS	CONSEQUENCE OF:		
		aplication which cause					
		ANTECEDENT CAUSE		(B)	curonic Re	THE INSUFE	FICHENCY YUSAR
	DISEASES C	OR CONDITIONS, if above cause (A)	any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		********************************
	UNDERLYING	G CONDITION last.	Siding	(C)			
	1	11					
O	OTHER SIGNIF	CANT CONDITIONS CO	ONTRIBUTI	NG LAVORS	Making water		
AT	DISEASE OR CO	H BUT NOT RELATED TO ONDITION GIVEN IN PA	RT 1 (A).		21 (NO A 1. LEV 1924	MIC CO CON	CARRELWOMA YRS
CERTIFICATION	19A-DATE OF	OPERATION 198 CO	NDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CALL	INDINGS CONSIDERED
E	21A ACCIDEN	T WAS UNDERLYING	_		YES		20
1	OR CONTRIBU	ITINOI I CAUSE OF	_	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	(If in Ballimore	City, give exoct location)
S		medicol exomined		etc.)			
MEDI	OF INJURY	(Month) (Doy) (Year)	(Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
<	IAPPROX.)			White At Not While			
	22. I certify	that (1) (this haspita	) attend	ed the deceased fram	8/27	19 7 ( to -C	9 /26 10 71
		last saw the deceas					ian death occurred an the date
				e. (I) (We) (did) (did not) vi		uat in (my) (aut) abtu	ian death occurred an the date
	23A. SIGNATU	RE	1140 0004	e. (1) (ue) (gla-) (gla not) Al	ew the bady after death.		DAYS SIGNED
	Rose	+ c Best.	1 - V	M/O Atter	ding Med.	Shaff Ta	23 B. DATE SIGNED
	23C. PHYSICIA		04.	DEGREE ****	3D. ADDRESS	Phys.	9/26/71
	NAME (T)	ype)				7	
24.6	12081			JR. , mo	LOTANS HOT	KINS 1108	SPITBL
24P	REMOVAL (S		1	C. NAME OF CEMETERY OF CRE			, town, or county) (State)
_	BURIA	L 9-29.	71	M+: AUBURN	CEM. B.	42TO, 1/10,	
25A	DATE REC'D	BY HEALTH DEPT.	258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	SEP	27 1971 74	2 00	20 000	NVA CIMA	RCH 928	ENORTH AVA
VS	150-REV. 1/1/6	8	Con	VICTOR AND			



1	S-500 BALTIMORE CITY HEALTH DEPARTMENT 71 8957
and sed the uch	BIRTH NO. 71 8957 CERTIFICATE OF DEATH REG. NO.
of death Of death Deceased on the	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH
of of of of of of of of of of of of of o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	A. STATE B. COUNTY
	HULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND  C. CITY OR TOWN  INSTITUTION  INSTITUTION  INSTITUTION
l in a ng cat cause; attend ior to	COTHE MAINE HOUSE HOUSE
cau cau att	BALT I MORE . MD 21205
d ar deb	1241 E. EAGER STREET
trib min gul	Markied 1 Never Married   10 Married 1 Never M
contri regu regu is m	MALE NEGRO WIDOWED DIVORCED 06-15-15 56  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)    done during most of working life, even if called 1
ath in dec	C.L. 7 347 3 147 3
de Cas	Steel Worker Bethlehem Steel Virginia  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
rect (4) w the ispo	CHARLES CLIANA
ind; ind; eath e on	CHARLIE SWANN  15. Was Doceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.  ANNIE TRENT  17. INFORMANT  ADDRESS
kir kir de de	SECURITY NO.
s assany any ced ndar	255-12-3424 Eliza F. Swann 1241 E. Eager Street  CAUSE OF DEATH  APPROXIMATE INTERVAL
E 0 - E 0 0	DISEASE OR CONDITION DIRECTLY
Als Als art	(This does not meen the made of dying, e.g., (A) IMMEDIATE CAUSE (Avchac avchythmia 5 min
ctu pro pro lar	heori failure, asthenia, etc. Il means the disease,
fra o gul	ANTECEDENT CAUSES PUMP 1/2 DAIL
Wh Wh	DISEASES OR CONDITIONS, if any, giving  (8) TO OCCUPATIONS  DUE TO, OR AS A CONSEQUENCE OF:
(3) e x	underlying condition last (c) Prostatic caranomic, metastatic 2 years
dica cal ns; icia icia	
medico medico burns physic an wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).  Chronic renal fallure
TE> CO	DISEASE OR CONDITION GIVEN IN PART 1 [A].  U 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION [20A-AUTOPSYZ (Yes or No.)] 208. IF YES, WERE FINDINGS, CONSIDERED
by a 2) Bod re the the physic fore th	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	In Control of the City of the
by the rest (No do be	S Death (notify medical examiner) atc.)
hosp natu ept v d (6)	21D.TIME (Month) (Doyl (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
rove y no xce ind	Work At Work
DT - 0 0 0	22. I certify that (1) (this hospital) attended the deceased from 19 71 to 19 71 to 19 71
한국학교육학	that (1) (we) last saw the deceased alive an Sept 26 19 71 and that in my (aur) apinian death accurred an the date
dent of ospital death)	and haur and from the causes stated abave. (1) We (did) (dld nat) view the bady after death.
3 0.0 2 2 1	23B, DATE SIGNED
9 2 B C C C C C C C C C C C C C C C C C C	Matthod, Koppen, MD, DEGREE Phys. Director Director Phys. Stoff Ph
y was rely was rely An acc.  3. A. at a back approval	MARTHA L. KOPPER M.D. DEGREE Johns Hopkins Hospital
A P B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
body was ws: (1) An D.O.A. aleased price then appropriate the contract	Burial 9-30-71 Balto. Cemetery Balto., Md.
This certithe body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
F # # 3 # 3	SEP 27 177 Pober E. Jaben, M.D. O O Mm O March 928 E. North Ave.
	V\$ 150-REV. 1/1/68



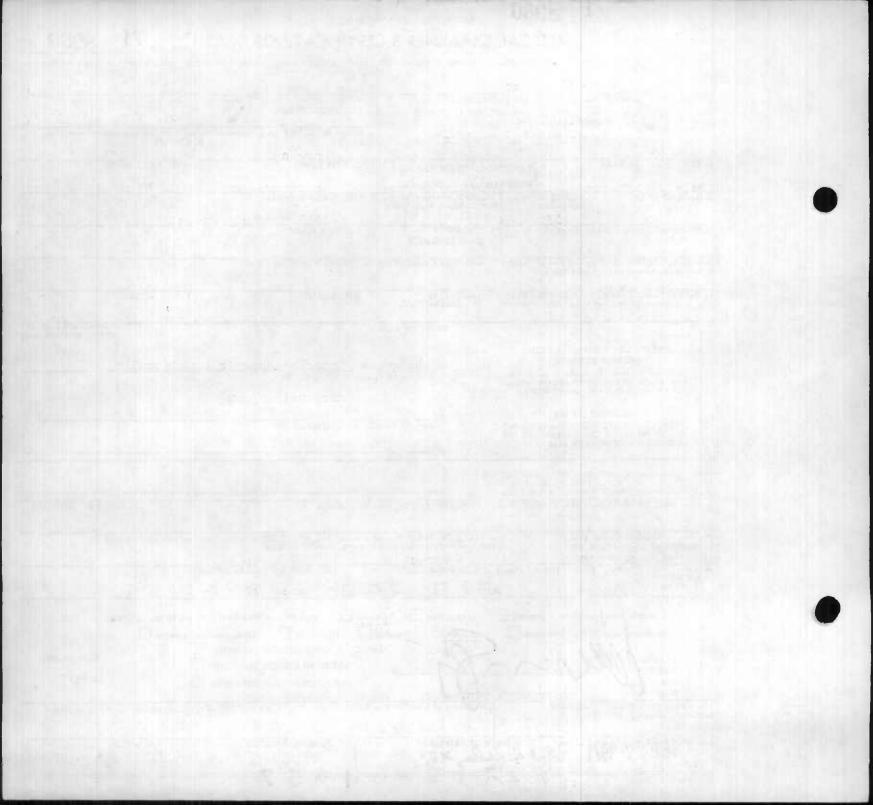
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	RTH NO. CERTI		HEALTH DEPARTME		NO	1 8958
I. fT	PO OF PROPERTY BEATRICE MONTGOMERY		2. DA	1 AND HOUR OF	DEATH	2.75 0
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		14 USUAL RESIDENCE	F (Where despeed E		2:35 P M.
III H	ILL NAME OF OSPITAL OR INSTITUTION, GIVE STR ADDRESS OR LOCATION	EET	A. STOUTH C	ARCLINA		V-37
IN	SILIOHON		C. CITY OR TOWN			CITY LIMITS?
Ŀ	THE JOHNS HOPKINS HOSPITAL		E. STREET AND NUM		Y	ES NO
5.	SEX 6. RACE 7. MADRIED 10 MINISTRAL					
L	FEMALE NEGRO WIDOWED DIVORCE	ED	8. DATE OF BIRTH 2-20-97	9. AGE fin ye lost birthday	74	If Under 1 Yr. II Under 24 His.
do	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY	11. BIRTHPLA CE (Stote	or loreign country)		12. CITIZEN OF WHAT COUNTRY?
	Housewife FATHER'S NAME		South Ca:	rolina		
			14. MOTHER'S MAIDE	N NAME		
15.	Will Little John Wos Deceased Eyer in U. S. Anned Forces?   16. SOCIAL		Mary 17. INFORMANT			
ti e	, no of unknown) (If yes, give wer of doles of service)	о.			7110	ADDRESS
	18. / 5 5 0 1 CAUSE OF	DEATH	George Mo	ntromery	9112	Elbert St.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		// 1			BETWEEN ONSET AND DEATH
	tThis does not man the set of the (A)IMMEDI	, OR AS A	SE Headton	10-		Gweeks
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, it any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last.	OR AS	A CONSEQUENCE OF:	**************************************		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Asc	CUD			***************************************
E	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	N	20A. AUTOPSY? (Yes	or No) 208, IF YES, IN CERTIFY	WERE FINE	DINGS CONSIDERED S OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJUR home, farm, foctory, s etc.)	Y fe.g., in treet, affi	or obout 21 C. WHERE D	OID (If In )	Boltimore Ci	ty, give exoct location)
MEDI	21D.TIME (Month) (Doy) (Yeo) (Hour) 21E INJURY OCCURR (APPROX.) While At N. Work	eD of While		D INJURY OCCUR?		
	22. I certify that (1) (this haspital) attended the deceased from	n A	plimler 3	19 <u>7/ta</u>	Fish	23 1971
	that (i) (we) last sow the deceased alive on		19 7/ ar	nd that in (my) (au	r) apl nlan	death accurred an the date
	and haur and from the causes stated obove. (1) (We) (did) (did	nat) via	ew the bady after de	ath.		
	Q SI Vara 00 Time	Attend	ding Med.	Shaff Phys.	238	B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	C.C.	D. ADDRESS			Sept. 23, 1971
244	J. S. VARNELL M.	DEGREE	THE JOHN	IS HOPKIN	s Hos	PITAL
1	BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY			D. LOCATION	(City, to	own, or county) (Stote)
	urial 9-27-71 Baltimore (	Ceme:	tery	Balto.,	Md.	A D D D D D D D D D D D D D D D D D D D
	SEP 27 TM Robert E. Barber M.D.	) 0	Vm C Mar	£18	Nor	th Ave.
VS 1	50-REV. 1/1/68					

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0-5	7/		BALTIMORE CITY	HEALTH DEPARTMENT	17/4	0050
BIRTH NO.	36 71	8959	CERTIFICA	TE OF DEATH	REG. NO.	8959
1. NAME OF D	Jes Jes	Frey	Saund	245 23	Septembe	1971 9:31 A.M.
3. PLACE IN B	ALTIMORE MARYLA	ND, WHERE PRON	DUNCED DEAD	A. STATE & CO	here decleased lived. If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR	OF UF NOT IN ADDRESS O	HOSPITAL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN BALT I MORE		IDE CITY LIMITS?
THE	JOHNS HOP	VINS HOS	DITAL	BALTIMORE		YES NO
33	Jonnes Hor	K   N 3   110 3	PI I A L		32 MADISON	AVE.
S. SEX MALE	6. RACE NEGRO	7- MARRIED		1-31-63	9. AGE (In years last birthdoy)	If Under 1 Yt. if Under 24 Hrs. Months Doys Hours Min.
	CCUPATION (Give kind of working life, even if		F BUSINESS OR INDUSTRY	11. BIRTHPLACE fState of fo	oreign country)	12 CITIZEN OF WHAT COUNTRY?
	hool	initial)		New York	City	II C A
13. FATHER'S N	NAME			14 MOTHER'S MAIDEN N	AME	L D A
AL	BERT PAGE			KATIE SAUN	DERS	
15. Was Decem	sed Ever in U. S. Am own) of yes, give war	ned Forces?	& SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unkno	own) af yes, give war	or dates of service)	SECURITY NO.	Mrs katie	Page, sam	е
18.	7791		CAUSE OF DEAT	1	Λ 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISE	EASE OF CONDITION LEADING TO D		Caro	liorespir	atory Hrre	st 7/ nuts
(This does	s not mean the ma		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	J	1 hours
heart failu	re, asthenia, etc. It	means the disease	but 10, 0k A3	A CONSEQUENCE OF:		
111,017 01 0	ANTECEDENT C			211/0mic		
DISEASES	OR CONDITIONS	MA SALLY	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
rise to	the above cause	(A) stating th	(c)			
	11					
OTHER SIG	NIFICANT CONDITIO	NS CONTRIBUTING				
✓ DISEASE O	EATH BUT NOT RELATE R CONDITION GIVEN	IN PART 1 (A).	***************************************			
OTHER SIG TO THE DE DISEASE OF THE DESCRIPTION OF T	OF OPERATION 19	L CONDITION FOR AS PERFORMED	WHICH OPERATION	YES	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTR	DENT WAS UNDERLUBUTINO CAUSE (	YINO 21 DF ha	me, form, factory, street, o	n or about 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(II In Boltimer	e City, give exact location)
21D-TIME OF INJURY	[Month] (Doy)		E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR!	
(APPROX.)		[w	hile At Not While	• 🗆		
22. 1 cort	If w that (this he				1071 to 23	September 71
			23 Septemi			nion death accurred on the date
				lew the body ofter deat		
23A. SIGNA		23 310100 00010.	(iie) (aia) leas	new the body offer deal	TI.	238 DATE SIGNED
-0	ERO ST	model	OEGREE Phy	Med. Director	Shaff Phys.	9/23/71
23C. PHYSI	CIANTS E (Type)	1	M.D.	23D. ADDRESS	11 1	11-010
Kc	ger A.	Brum	Dack POEGEE	JONNZ	HOPKINS	Hospital
24A. BURIAL C	REMATION, 248. D.	ATE 24C.	NAME of CEMETERY of CR			ity, town, or county) (State)
	4 50	29/71	MT Auburn	Cemetry	Baltimore,	Md
25A. DATE REC			OF REGISTRAR	DICC ENWERAL DIRECT	OR 1-7-4-0-1 10	06 W north Ave
SEP VS 150-REV. 1	27 1971	R. die	2, No. 0 1	Adolphus !	Halstead 12	OO W NOI OII 11 VO

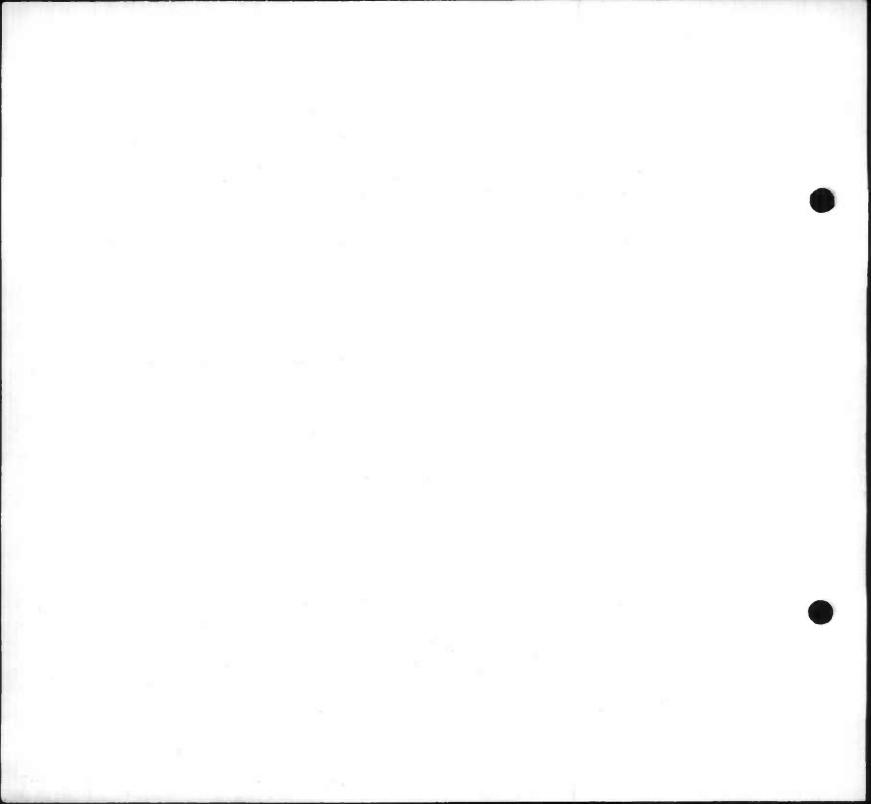
() .1	11			10/	ALTIMOR	E CITY HE	ALTH DEPA	RIMENT						
0-41	6	MED	DICAL	EXA	MIMA	ER'S	CERTIFI	CATE OF	DEAT	Н	71	2220	-8	
BIRTH NO.								0,112 01	D 27 (1)	REG. NO.		0000		
1. NAME OF DI	ECEASED						2. DATE	Known 🔀	Month	Doy	Yeor	Hour		
(type or rrint)	Ed	ward 01	liver				DEATH	Estimoled	9	21	71	12:45	AM.	
4. PLACE IN BA	ALTIMORE, M	ARYLAND, Y	WHERE PR	RONOU	NCED DE	AD	3. DATE		Month	Doy	Yeor	Hour	541.	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF N	OT IN HOSPIT. RESS OR LOCA	AL OR INST	TITUTION	, GIVE STR	EET		JNCED DEAD	9	21	71	12:45		
33	Jo	hns Hop	kins	Hosp	ital	1.150	S. USUAL RESIDENCE (Where deceosed lived. If Institution; residence before odmission)  A. STATE  B. COUNTY  Marvland							
6. SEX	7. RACE		8. MARR	IED 1	VEVER M	ARRIED T	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?			
Male	Moore		WIDOW	-		ORCED [		0 - 1 - 1						
P. DATE OF BIR	I Negr	10. AGE (	n yeors	If Under	1 Yr. If Ur	der 24 Hrs.		Baltimore		11	S	ио 🗆		
1/1/24		lost birthdo	(Ac	Months	Days Ho	ours Min.		LO13 Monum	nent St	reet				
II. BIRTHPLACE			517		ZEN OF	TRY?	13. FATHER	SNAME	liver					
4A.USUAL OCC	UPATION (G	ve kind of work	14B. KIND	OF BUS	INESS O	RINDUSTRY	15. MOTHE	RS MAIDEN NA	ME					
	orer	,					طما على جائر	116						
6. WAS DECEA Yes, no or unknow	SED EVER IN	WOF OF doles	of service)	2 17.	SOCIAL SECURIT	Y NO.	18 INFORM	Margaret	, Oliv	er,	odress ame			
19.	200	X			CAUS	E OF DEA	TH					PROXIMATE INT		
DICEA	SE OR CON	DITION DIDE	CTIV								BETW	EEN ONSET AN	D DEATH	
DISCA	LEADING T		CILY				D			1 •				
(This does	noi meon the	mode of dy	ing, e.g.,				S A CONSEQ	onchopneur	nonia o	ompilea	ting			
injury or co	e, osthenio, ét emplication wh	c. It meons the	oih.)			,,								
							cei	rebral inj	jury					
	INTECEDENT				(B)									
RISE TO TH	OR CONDIT	AUSE (A) STA	TING THE		U	UE 10, OR	AS A CONSEC	QUENCE OF:						
UNDEKLY	ING CONDI	TION LAST.			(c)_									
OTHER SIG		11												
OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUT	ING										
DISEASE O	R CONDITION	GIVEN IN PA	ART 1 (A)-		_									
20A. DATE C	F OPERATIO	N 208. CON	NOMONI	FOR WH	ICH OPER	ATION WA	S PERFORM	ED			21. AUTO	PSY7 (Yes or	No)	
O O												Yes		
	RNAL CAUSE			22B. PLA	CE OF IN	JURY(e.g.,	in or obout 2	C. WHERE DID	If in Boltimar	City, give exp	t location)	IES		
	G OR CON			home, tar			bldg., eic.) li			00	-00			
22D. TIME		Doy) (Yeor	) (Hour	) 22E.I	NJURY O	CCURRED	/ 2	Unknov 2F. HOW DID IN.		P2				
OF INJURY	** 1			WHILL	EAT	NOT	WHILE							
23.	Unkno	wn		m. WOR	<u> </u>	AT W	ORK X	presuma	ibly te	11				
	tify that I i	held on li	naulty [	7 to	spection	□ A	epsy 🗔	and that an al	de beele .	land to				
				_				and that on th						
resu	Ited fram: I	Matural cau	ses L	Accid	en X	Suleid				ed manner				
ACTUA	1////	1 11		1		De		HIEF MEDICAL E		X		DATE SIGNI	ED	
SIGNA	ryke//yc	1/1/			X1	M.D.	ASSIS	TANT MEDICAL E	XAMINER					
EXAMIN	ER	Υ			11-		ASSO	CIATE MEDICAL E	XAMINER [		9	-21-71		
NAME (		Werner	U. S	PILZ	M.D	· ·	or CREMATO	01/		4-1				
REMOVAL (Spec	ify.)	9/28/	71	MI			Ceme		A C	(City, town,		(Stole)	)	
SA. DATE PEGE	BY HEALTH	PEPTO	25B, N	ME OF	REGISTRA	AR	25C. F	UNERAL DIRECTO	R	AC	DRESS			
SEL	6 1 13/	Voose	JE V	Jabe	, M.D.			dolphus				north	n A.	
S 151-REV. 1/1/6	8 4		10:	-7				) [ ]				n		
	///	60	hafin (			0-17	3 61	6 49 6					V	



#### IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendonce on the deceased prior to death); and (6) No physician was in regulor attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. or his assistant if deoth occurred in a hospitol and This certificate must be approved by the chief medical examiner

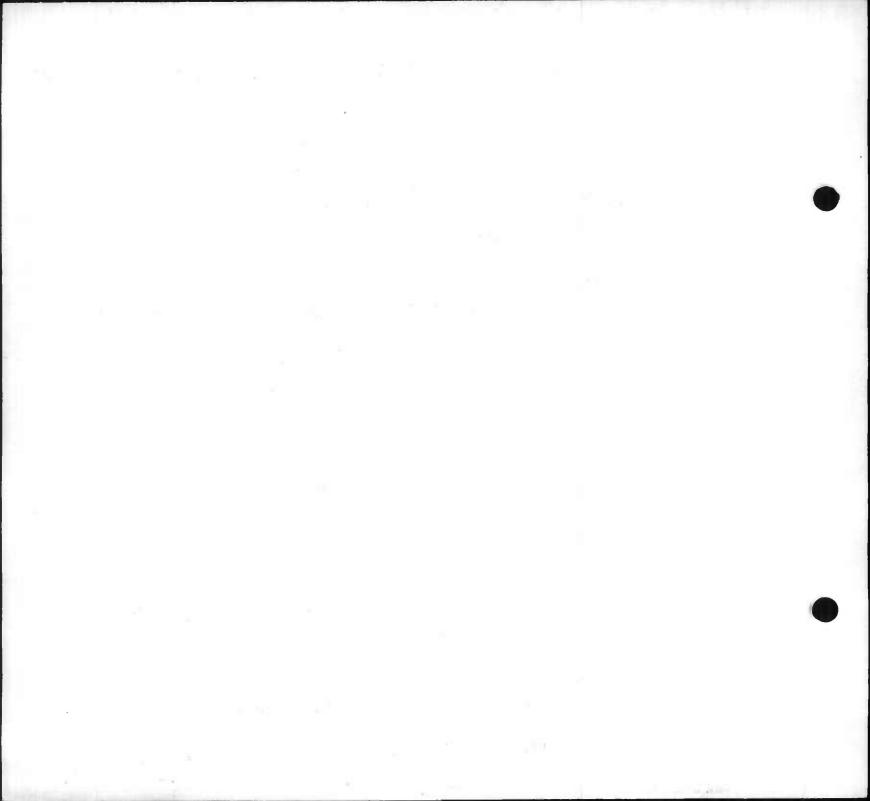
	111-325	BALTIMORE CITY	HEALTH DEPARTMENT			
BI	W- 325 71 8961	CERTIFICA	TE OF DEATH	REG. NO	71 8961	
1.	NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	0002	
IL.	pe or Print Phillip R. WATKINS		Sept	ember 24/	97/ 11 45 x	O_M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If ins	stitution: residence befare admissi	ianl
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	MARYland		1403	
IN	NOTUTIES		C. CITY OR TOWN		DE CITY LIMITS?	
11	MARYland General Hospital		Baltimore =		YES NO	
	18			sion SE	21217	
5.	SEX 6. RACE 7. MARRIED N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 h Manths Doys Hours Min.	Hrs.
	Negro WIDOWED	DIVORCED	5-6-94	last birthdoy)	Months Doys Hours Min.	lo
to/	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or lare	eign countryl	12. CITIZEN OF WHAT COUN	TRY?
	Laborer		Md.		U.S.A.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
		?		?		
15. (Ye		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
			Margaret W	atking	Same	
	18. / 2 4.0	CAUSE OF DEATH	V		APPROXIMATE INTERVA	AL
	DISEASE OR CONDITION DIRECTLY		General	Cachexia	BETWEEN ONSET AND DE	HTA
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU		Care	19.67	
	heart failure, aslhenia, elc. Il means the disease, injury or complication which caused death.)	DUE IO, OR AS A	CONSEQUENCE OF:			
	ANTECEDENT CAUSES		Metosteses t	- 6		
	DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	o nijo	***************************************	-
	rise to the above cause (A) stating the UNDERLYING CONDITION last.		enal Cell C	arcinami /	Met	
	1	(C/		7.		-
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ASCI	O + CHF	_		
\\	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	********	****************			800
ERTIFIC	19A DATE OF OPERATION 19B CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED	
<del>5</del> 5	21A. ACCIDENT WAS UNDERLYING 21B. PLAC	E OF INJURY (e.g., in	or about 21 C. WHERE DID	(il In Baltimare	City, give exact lacotion)	
₹ S	OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examine)	m, foctory, street, off	ice bldg., INJURY OCCUR?	pr in seminare	Silvy give exact incommit	
MEDIC	210-TIME (Month) (Doy) (Year (Hour) 21E INJU	JRY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
₹	OF INJURY (APPROX.) While At	Not While				
	22. I certify that 😝 (this hospital) attended the de		9-12-71	19ta? -	24 10 57	
	that (1) (we) last saw the deceased alive an	9-24			lan death accurred on the d	
	and haur and fram the causes stated above. (1) (We	V(dias and solver	ew the hady after death	or in (my) (see ) opin	idii dediri accurred on the a	GTE
	23A. SIGNATURE	Total deliver	ew the oddy diter death.		23B, DATE SIGNED	
	Men o Same		ding Med.	Stoff X	9/24/41	
	23C. PHYSICIAN'S NAME Lype)	DEGREE	3D. ADDRESS	rings.	11-1111	
	George ( SAMM	12	M64			
24/	BURIAL CREMATION 248. DATE 24C. NAME C	of CEMETERY of CRE	MATORY 24D. L	OCATION (City	r, tawn, ar countyl (Statel	_
		Auburn Ce	emetry B	altimore,	Md -	
25/	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC		25C. FUNERAL DIRECTOR		ADDRESS	_
	SEP 27 1971 Rose de 3 02	da O	Addlphus Ha	Istead 120	6 W North Az	ve
VS	150-REV. 1/1/68					-



1 7-0	250	71 /	2000	BALTIMORE CI				71	8962	
BIRTH NO		, ,	3962	CERTIFIC	ATE OF	DEATH	KEG, NO	0		
Type or Po						2. DATE	AND HOUR OF DE	EATH		
3. PLACE	IN BALTIMORE, M	GEORGE	WASHIN	CON DEAD	IIA HERIAL	9/22	2/71			M.
		TORIEGIED, W	THERE PRONG	ONCED DEAD	A. STATE	B. COL	here deceased lived JNTY	L II institution:	residence befor	e odmission)
FULL NAME HOSPITAL	OR ADD			UTION, GIVE STREET	c. CITY O	ryland Riown	D	. INSIDE CITY	LIMITS?	5
123				on Hospital	Ba	ltimore AND NUMBER		YES V	] NO[	
1	3900 Loc				E. STREET	AND NUMBER	1,	11	- /	
5. SEX	Baltimor 6. RACE	e Mary			20	70-	daure	Ma	aven	ul
				NEVER MARRIED	8. DATE O	4	9. AGE (In years lost birthdoy)	If Um Month	er 1 Yr. If U	nder 24 Hrs.
Male		ro	WIDOWED	DIVORCED BUSINESS OR INDUSTR	3/20	/92	79			
llacue antină	most of working life, Laborer	even if retired)		uction		ation S.C			tizen of wha SA	T COUNTRY?
13. FATHER	'S NAME				14. MOTH	ER'S MAIDEN NA	AME			
Edv	vard Dixor	1			Flo	rence Ker	rshaw			
15. Wos De (Yes, no or u	ceased Ever in U. nknown) (If yes, giv	S. Armed Fore	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORA	Spital	Records		ADDRESS	
Yes	7/17/	18 - 1/	15/19	216-03-64384			ren Blvd	Balto.	Md 212	18
18.	621	1		CAUSE OF DEA	TH			11111111111	APPROXIMAT	EINTERVAL
	DISEASE OR COL	NDITION DIR	RECTLY		W-				1	I AND DEATH
fThis	does not mean t	he made of	dying, e.g.,	(A) IMMEDIATE CA	USE ST	ROKE AND	CEREBRAL	EDEMA		********
hearl	ailure, asthenia, a ar camplication v	itc. Il means	the disease.	DOE 10, OK A	A CONSEQU	ENCE OF:				
,	100	NT CAUSES	300 11117	DDATY		=				
DISEA	DISEASES OR CONDITIONS, if any, giving  (B) BRAIN METASTATIC CA TO BRAIN  DUE TO, OR AS A CONSEQUENCE OF:									
rise	la the abave	cause (A)	stating the							
UNDE	RLYING CONDIT	ON last.		(c) ALVEUL	AR CELI	CA OF L	UNG	************		*********
Z	CICAUSIGA NIS CO.		IT-INITE I							
E TO THE	SIGNIFICANT CON DEATH BUT NOT	RELATED TO TH	E TERMINAL							
DISEAS 19A. DA	TE OF OPERATION	1 198 CONI	DITION FOR Y	WHICH OPERATION	120A. AU	TOPSY? (Yes or N	(o) 208, IF YES, W	ERE EINDING	CONCIDERED	
19A. DA	/	WAS PERF	ORMED			YES	IN CERTIFYING	CAUSES OF	DEATH?	<b>'</b>
U 21 A. A.	CCIDENT WAS UN	DERLYING D	21 B.	PLACE OF INJURY (e.g., e, lorm, loctory, street,	in or obout 21	C WHERE DID	(II in Bol	ltimore City, gi	ve exoct location	1)
DEATH	(notify medical ex	ominer)	etc.	of tolling tociony, sneet	mice biog., ite	JOK! OCCOK!				
OF INJ		Doyl (Year)	(Hour) 21E	INJURY OCCURRED	21	F. HOW DID IN	JURY OCCUR?			
LAPPRO			Whi	le At Nat Whi						
22. 1 c	ertify that (1) (t)	his hospital)					10.71	7/22		77
that U	(we) last saw	he decease	d alive on	9/22/71		سيسسسسسسسسسس	hat In(my) (our)			19 11
				(We) (did) (Ajd/n/syl				apinion dec	th occurred o	in the date
23A. SIC	NATURE		ou doove. y	) (46) (616) Yaja/haji	view the bo	dy atter death.		102 P. D.A	TE CICNIST	
	DH	hurm	ral 1		ending [	Med. Director	Staff Tar		TE SIGNED	
23C. PH	YSICIAN'S			GE GREE Phy	23D. ADDRES		Staff Phys.	9/	73/7771	9/25/71
N.A	ME (Type)		14	32 Ye	-Jo. ADDRES	3900 Lo	ch Raven I	ouleva	rd	
24A. BURIA REMO		McDOUGAI	24C.N/	M.D. GEGREE AME of CEMETERY OF CR	EMATORY	Baltimo	re Maryla	(City, town,	or county)	(Stote)
Bı	rial	9/29/	71	Gettysburg	Natio	12]	Gettybur	or Pa		
SE SE	P 27 1971	Dept.	258 NAME C	F REGISTRAR	25C. FU	VERAL DIRECTO	Halstead		ADDRESS W nor	th Ave
VS 150-REV	. 1/1/68				, 16				1101	-11 11 4 6

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition; is made

	K-436	71 8	963		HEALTH DEPARTMENT	REG. NO.	1 8963
1.	ype or Print)	XXXXXX J	hn P	KLEIDERLE	T- 5. T	D HOUR OF DEATH	
3.	PLACE IN BALTIM	ORE MARYLAND, V			4. USUAL RESIDENCE (Whe	:24, 1971 re deceased lived. II	institution: residence before admission)
Шн	ULL NAME OF IOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INS	STITUTION, GIVE STREET	Md .  C. CITY OR TOWN		SIDE CITY LIMITS?
		GEWOOD NUM OO Bellon			Baltimore E. STREET AND NUMBER		YES NO
5.	SEX 6. R	ACE	17		3847 Elmora		
	male o	aucasian	WIDOW	ED NEVER MARRIED X	Aug 28 1880	9. AGE (In years lost birthday) 82	Il Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
10	ne during most of worki Bookkeep	IION (Give kind of wark		of Business or Industry	11. BirthPLACE (Stote or Torei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		1 0 2	amario	14. MOTHER'S MAIDEN NAM	ME	USA
	John Kle	iderlein					- )
15. (Ye	Was Deconsed Ever	in U. S. Armed For	ces? s of service	1 6. SOCIAL SECURITY NO.	Sophia (Ro	senberger	ADDRESS
1	NO	1		217 09 7804	Mrs Ann Mon	tgomerv	SAME ABOVE
	18.4	R CONDITION DIE		CAUSE OF DEATH		3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	DISEASES OR Conse to the of UNDERLYING CO	II IT CONDITIONS CON IT NOT RELATED TO TH	any, giving stating stating stating stating stating stating states and states states are states as the states are states as the states are states as the states are states as the states are states as the states are states as the states are states as the states are states are states as the states are states a	G Osteopor	CONSEQUENCE OF:		
ERTIFIC	19A. DATE OF OPE	RATION 198 CONI	ORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	OR CONTRIBUTING	AS UNDERLYING CAUSE OF	lu-	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, office)	or about 21C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimor	re Cily, give exoct location)
MEDI	21 D. TIME (Mo OF INJURY (APPROX.)	nth) (Doy) (Yeor)	V	Vhile AL Not While	21F. HOW DID INJU	RY OCCUR?	
	22. I certify that that (1) (we) last	(1) (this hespital)	attended	the deceased from	(1-	7/ to 24	September 1971
				(I) (We) (did) (did nat) vi		t in(my) (out) api	nlan death accurred on the date
	23A. SIGNATURE	W Ban	ial	Atten DEGREE Phys.	ding Med. S	haff hys.	23B. DATE SIGNED
246	23C. PHYSICIAN'S NAME (Typel	Dr. John	/	arnaby:	D. ADDRESS 1652 E. Belve	edere Ave	, Balto, Md.
24A	REMOVAL (Specify	ON, 24B. DATE	24C.1	NAME of CEMETERY OF CREA	AATORY 24D. LO	CATION (Ci	ty, town, or county) (Stote)
	Burial SEP 27	Sept 2'	77 1 258. NAME	Holy Redeemer	Ba 25C. FUNERAL DIRECTOR Leonard (J. ()	ltimore,	ADDRESS Md
VS	150-REV. 1/1/68	***	401	N. A.D.	1-41	TIIC.	-Darto, Mu.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

11	M-60	A		BALTIMORE CIT	Y HEALT	H DEPARTMENT			
ВІ	RTH NO.	71	1 89	64 CERTIFICA	ATE C	OF DEATH	X REG. NO	. 71	8964
1.	NAME OF DEC	aula P. Ma	ver	· / · · · · · · · · · · · · · · · · · ·		2. DATE	NO HOUR OF DE	ATH	000
									12:30 P. N
3.	PLACE IN BAL	TIMORE MARYLAN	ID, WHERE PR	ONO UNCED DEAD	4. USU A. STA	AL RESIDENCE (WE	nere deceased lived	. If institution	: residence before admission)
FL	JLL NAME OF	(IF NOT IN H	OSPITAL OR IN	ASTITUTION, GIVE STREET		.R.	3/10.		5300
IN	NOITUTITE					ORIOWN ltimore	D.	INSIDE CIT	
	90 Ard	leigh Nurs	sing Hom	е	11	EI AND NUMBER	1 17	YES	NO 🖺
					24	o Lakewood	Road		
	F	6. RACE	WIDO	RIED NEVER MARRIED NEVER MARRIED NEVER MARRIED	9/	OF BIRTH 19/741897	9. AGE (In yours last 13th day)	4 If Un Month	der 1 Yr. II Under 24 His.
do	. USUAL OCCI	JPATION (Give kind of working life, even if ref	ol work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRT	HPLACE (Stole or lo	reign country)	12. C	ITIZEN OF WHAT COUNTRY
	lousewife				Md	•		τ	JSA
13.	FATHER'S NAME To 1	Schultze			14. MO	THER'S MAIDEN NA			
1.5						Ameli	ia Hallowi	g	
(Ye	s, no or unknown)	Ever in U. S. Arme	d Forces? r dotes of serv	16. SOCIAL SECURITY NO. 218-22-5706		RMANT			ADDRESS
	no			218-22-5/06	Mrs.	Ada Eybs	same		
	18. 4	4		CAUSE OF DEAT	Н				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH								
	(This does n	al mean the mode	a of dvina	e.g., (A) IMMEDIATE CAL	A CONSE	rterioscl	b yrs.		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								9
	ANTECEDENT CALLERS					sychosis	l vr.		
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the					EQUENCE OF:	L Vr.		
	UNDERLYING	CONDITION lost	(A) sloting	(c)					
_		11							
ATION	OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTION	NG IAI					
CA	DISEASE OR CO	NDITION GIVEN IN	PART 1 (A)	OR WHICH OPERATION	120.4	A LIZOBENO (V N	W 202 15 110		
ERTIFIC,		WAS	PERFORMED	OK WHICH OFEKATION	20%.	AUTOPSY? (Yes or N	IN CERTIFYING	CAUSES OF	S CONSIDERED DEATH?
AL CE	21 A. A CCIDEN OR CONTRIBU	T WAS UNDERLYING CAUSE OF	иеП	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	n or obout	21C. WHERE DID	(If In Bol	timore City, g	Ive exact location)
S	DEATH (natity	medicol exomined		elcJ					
MEDI	OF INJURY	(Month) (Doy) (Y	(Haud)	21E INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?		
	(APPROX.)			While At At Work					
	22. I certify	that (1) (this hosp	pital) attende	d the deceased fram 3	ept e	mber 3	1971 ta Se	ptemb	er 23, 1971
				. September 2		71and th			ath occurred on the date
and have and from the causes stated abave. (i) (We) (did) (did-not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED									
	Attending Med. Shoff Director Dept. 24, 1971  23C. PHYSICIAN'S NAME (Type) oyd Saylor MD.  23D. ADDRESS 3902 Greenmount Ave. Balto. Md.								
	NAME (Ty	lovd Savlo	or /	MD.	3D. ADD	ress 2 Greenmour	at Ave Ba	lt.o. Mc	
24A	BURIAL CREA	ATION, 248, DATE	E less	DEGREE					
	REMOVAL (Sp Burial	ecity	- /	NAME of CEMETERY OF CRE	MATORY	i	OCATION	(City, town,	or county) (Slote)
25A		9/25 BY HEALTH DEPT.		oudon Park	1850		Balto. Md.	1	
	CED 97	1071 R.E.		BZ ALD O		opard J.		Ra I+o	ADDRESS Md
VS	150-REV. 1/1/6	- 10.0	7	131.0	114	7.5	COL LIIO	Darco.	**U •

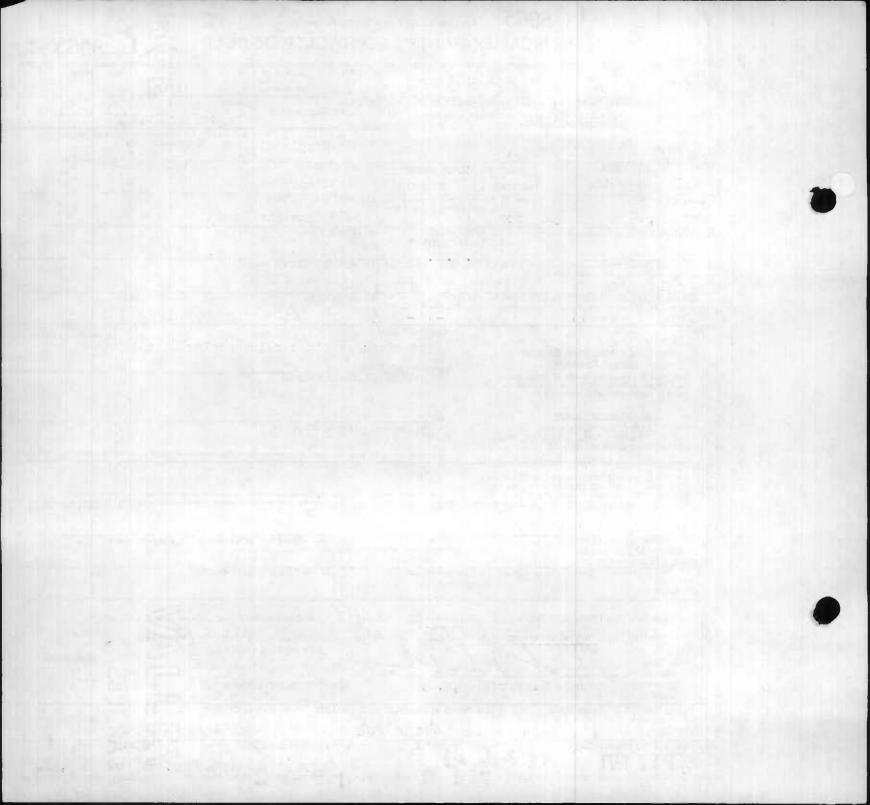
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BALTIMORE CITY HEALTH DEPARTMENT

215	(1)-55	D	MED	ICAL		AMINE		_			DEA	TH REG.	No.71	8	965	40
1.	NAME OF DEC	EASED ANDREW	PAUL	MC	DYNI	HAN		2. DATE OF DEATH		vn 🗆	Month	Day	Y	ear	Hour	
FUI	PLACE IN BAL LL NAME OF SPITAL	(IF NO		LORINS		INCED DEAD		3. DATE	UNCED		Month Sept	Doy ember		eor 71	Hour 2:40	м. ) Р. <sub>м.</sub>
OR 4	NOITUTION		LAL HOS		Ĺ			5. USUAL A. STATE			deceased	lived, If Insti B, COUN		ence be	efore odmi	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D							c. city o	R TOWN	-6		D. INSIE	E CITY LIN		. 🗆		
	DATE OF BIRTI	Н	10. AGE (In	years	If Und	er 1 Yr. 11 Unde	er 24 Hrs.	E. STREET	AND NO	JMBER	D 1		YES 🔀		40 L	
_	ug 22,1		on country)	5clx	12. CIT	IZEN OF	1	13. FATHE		lpha E	Road					
14A	Massach LUSUAL OCCU	PATION (GIV	e kind of work	48. KIND	U	S.A.		Y 15. MOTH	drev ER'S MAI	DEN NA	niha:	n				
16,	Police WAS DECEAS	eman ED EVER IN	U.S. ARMED	FORCES	tim	ore Ci	ty	Mar	gare	et	?		ADDRES	SS		
(Te	Yes	WW WW	nor or dates of	of service	)	014-14			's Ca	ther	ine l	Moyni	han		eme	NIERVAL
CERTIFICATION	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart follure, osthenlo, eic. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL															
			GIVEN IN PA			HICH OPERA	VION W	/AS PERFORMED 21.						AUTOPSY? (Yes or No)		
MEDICAL	UNDERLYING UTING CA	USE OF DEA	TRIB-		hame, f	ACE OF INJI arm, factory, s	treet, ollic	In or obaut e bldg., etc.)	INJURY	OCCUR?			e exact loca	ilan)		
~	OF INJURY (APPROX.)	(Month) (C	Doy) (Year	) (Hou		ILE AT	NOT	WHILE U	22F. HO	W DID IN	JURY OCC	CUR?				
	ACTUAL SIGNATI	I certify that I held an inquiry inspection X Autopsy and that on this basis, death in my opinion resulted fram: Natural causes X Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER X ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER 9/23/									date sign	NED				
24 RE	A. BURIAL CREA MOVAL (Special Burial	MATION, 12	9/25/	71		NAME of CE			ORY		locaTio Balti	N (CHy,	town, or co		(Sto	te)
25	A. DATE REC'D	BY HEALTH		258 N	AME O	F REGISTRA		25C.	FUNERA	L DIRECTO	OR	Inc.	ADDRES	SS		Md
VS	151 DEV 3/1/4			-	7	+ 0		9-1	0	5 (1)					-,	

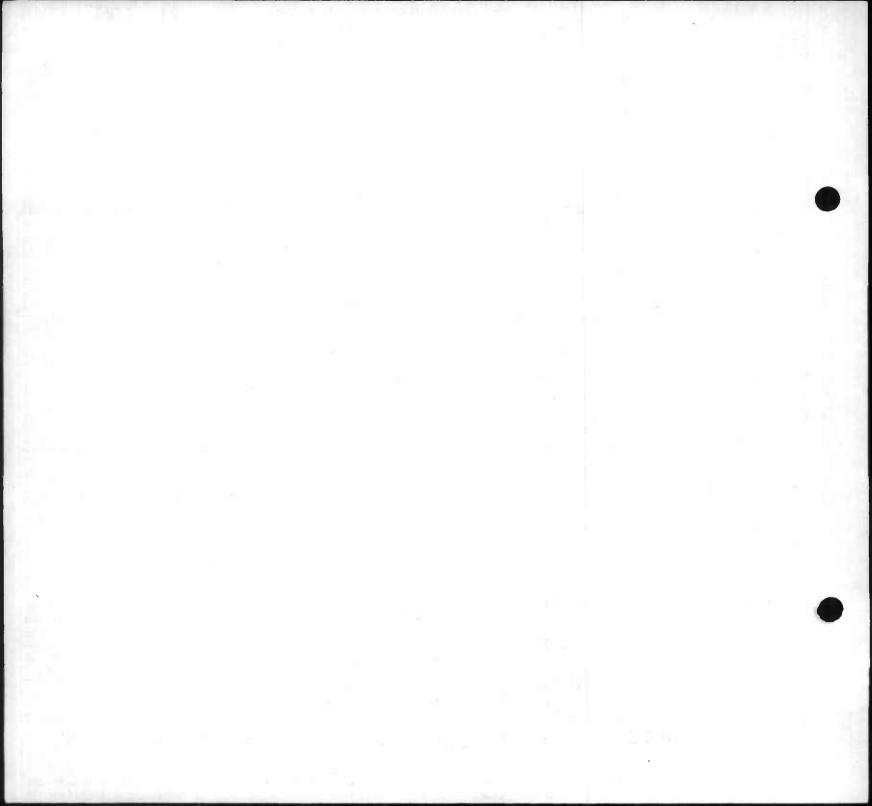


	1-520	71	SOCC	I		HEALTH DEPA		BEG NO	71	8966	
BII	RTH NO.	1, 1	9900	(	LERTIFICA	TE OF DI	EATH	REG. NO	7 - 4.	0000	
1	NAME OF DECE						2. DATE AN	D HOUR OF DE	ATH		
	Jones	, James Wa		Sr.				23/71		9:00 A	
3.	PLACE IN BALTI	MORE MARYLAND	D. WHERE PR	ONOUNCED	DEAD	4. USUAL RESID	B. COUN	re deceased lived.	tf institution:	residence before odmission)	
FL	OSPITAL OR	(IF NOT IN HO	SPITAL OR II	NOITUTITZ	GIVE STREET	Maryla				8.3/	
IN	STITUTION	terans Adm	ninieta	ation H	oenit al	C. CITY OR TOW		D.	INSIDE CITY		
		00 Loch Ra			OSPICAL	E. STREET AND	Imore		YES K	NO	
		ltimore. N					Mayfie	ara ble			
5.		S. RACE				8. DATE OF BIRT					
	Male	White	WIDO	WED -	ER MARRIED DIVORCED	8/26/1	5	9. AGE (In years lost birthday) 56	Month	der 1 Yr. II Under 24 Hrs.	
10/	LUSUAL OCCUI	ATION (Give kind of orking life, even if refin	work 108, KIN	D OF BUSINE	SS OR INDUSTRY	11. SIRTHPLACE	(State or fore	gn countryl	12. CI	TIZEN OF WHAT COUNTRY?	
	Painte	r Contra				Baltim	ore, Ma	ryland	į	USA	
13.	FATHER'S NAM	E				14. MOTHER'S A	AAIDEN NAA	ME			
		ce Coppage				Emma 1	tackdawa	x Hadaw	ay		
15, (Ye	Wos Deceased E s, no or unknown)	ver in U. S. Armed	dotes of serv	ice) 1 6, SOC	URITY NO.	VAHOSpi	tal Rec	ords		ADDRESS	
	YES	3/25/44-	·12/3/4	) 119-	07-2806	-		n Blvd.	Balto.	. Md 21218	
	18.	. / I		C	AUSE OF DEAT	Н				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		OR CONDITION EADING TO DEA									
		mean the made		(		<sub>ise</sub> Respira		ilure		days	
	heall lailure, a	sthenia, etc. It me licatian which cau	ans the dise	ase,	DUE TO, OR AS	A CONSEQUENCE	OF:				
	ANTECEDENT CAUSES Cancer of lung							months			
	DISEASES OR	CONDITIONS,	il anv. di	vina (	DUE TO, OR AS	A CONSEQUENCE	OF:		*********	IIIOII 0113	
	rise to the	abave cause (	A) slating	ine	c)						
		11			C/	*************			*************		
ATION	OTHER SIGNIFIC	ANT CONDITIONS BUT NOT RELATED T	CONTRIBUTE	NG	Metatos	is to bra	in			months	
S	DISEASE OR CO	NDITION GIVEN IN	PART 1 (A).		*********	***************					
CERTIFIC	TALDATE OF C	PERATION 198 C	PERFORMED	OR WHICH O	PERATION	NO NO	? (Yes or No)	208, IF YES, WE	RE FINDING CAUSES OF	S CONSIDERED DEATH?	
	21 A. ACCIDENT	WAS UNDERLYIN	G 🗌	218. PLACE	OF INJURY (e.g., i	or about 21 C. WH	ERE DID	(If In Bolti	more City, gi	ve exoct locotion)	
EDICAL	DEATH (notify m	redicol exominer		etc.)	tociory, sheet, or	fice bldg., INJURY	OCCUR?				
MED	OF INJURY	Month) (Doyl (Ye	eor) (Hour)	21E, INJURY			W DID INJU	JRY OCCUR?			
2	(APPROX)			While At Work	Not While At Work	· 🗆					
	22. I certify th	nat ()) (this haspi	ital) attend	ed the dece	sed from	8/30	1	9 71 to 9	/23	19 71	
	that (1) (we) is	st saw the dece	ased alive	on9	/23	19 71		1.1		oth accurred on the date	
	and hour and i	ram the causes :	stated abov	e. (M (We) (	did) (flip hope) v	lew the bady of	er death.				
	23A. SIGNATURE	10		4	10 40				23 B, DA	TE SIGNED	
	- lea	hen D	:40	entre	1 Atter	nding Me	d.	Staff Phys.	9/	23/71	
	23C. PHYSICIAN NAME Wyp	S e)	1		DEURIC	3D. ADDRESS		,			
			B. GRE	ENBERG.	M.D. GEGREE			Raven Bo			
24A	BURIAL CREM	ATION, 248, DATE	240	NAME of	EMETERY OF CRE	MATORY	24D. LO	e Maryla	ind 212 (City, town,		
	Burial	9/27	1-1-1	eland			Balt	in the second			
25A	DATE REC'D 8	Y HEALTH DEPT	258. NA	AE OF REGIST	RAR	25C. FUNERAL	DIRECTOR	U + 1U •		ADDRESS	
	SEP 2	1971 (16)	Sell Ely	ather 1	120 0	Leonar		Ruck Ind	. Bal	to. Md.	
VS	150-REV. 1/1/68										

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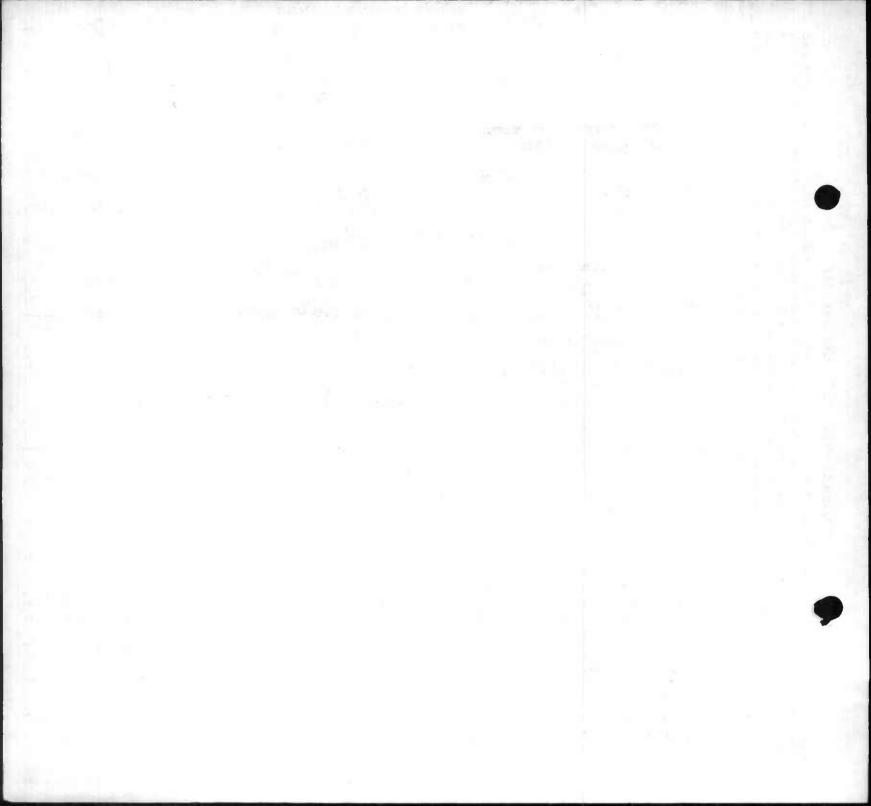
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0	BALTIMORE CITY	HEALTH DEPARTMENT	1 "	1 8967
B-230 71 8967	CERTIFICA	TE OF DEATH	REG. NO.	T 0001.
I, NAME OF DECEASED			D HOUR OF DEATH	
(Type of Print) Irene Beckett		Sept	.23,197	1 12:20 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	A. STATE B. COUN		stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	Mary/and CCITY OR TOWN	D. INSI	IDE CITY LIMITS?
1/30 1 0111	1 11 103 401	Baltimore		YES NO
43 South Baltimore Genera	1003pi in	8043 High	Point Ro	<i>l</i> .
5. SEX 6. RACE 7. MARRIED NEV	ER MARRIED	& DATE OF BIRTH	. AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female White WIDOWED	DIVORCED	Oct. 19, 1845	75	
IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSING done during most of working life, even if refired)	ESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Maryland		American
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
John Wholey		Catherine	Smith	
15. Wee Deceased Ever in U. S. Arméd Forces?   16. SO (Yes, no or unknown) (If yes, give war or dotes of service)   SE(	CIAL CURITY NO.	17. INFORMANT		ADDRESS
No	Avenue de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la c	George Becketi	t Sn	Same
18.433914-2509	(1) mulip	e cerebral the	combosi's	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		nay preumon		
LEADING TO DEATH	(A) IMMEDIATE CAUS	SE / /		
(This does not mean the mode of dying, e.g., heart failure, aethenia, etc. it means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
injury or complication which caused death.)	(1) / Jan	na Practice -	Reart dis	4404
ANTECEDENT CAUSES	(B)	siece ioi - C		
DISEASES OR CONDITIONS, If any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)			
	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL OTHER DEATH BUT NOT RELATED TO THE TERMINAL OTHER DEATH BUT NOT RELATED TO THE TERMINAL				
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	OPERATION	20A. AUTOPSYS (Yes or No	208, IP YES. WERE	FINDINGS CONSIDERED
WAS PERFORMED		20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., in factory, street, off	or about 21 C. WHERE DID ice bldg. INJURY OCCUR?	(If In Boltimor	re City, give exect location)
21D. TIME (Month) (Doy) (Year) (Houd 21 E INJUR	YOCCURRED	218 HOW DID INJ	URT OCCUR?	
S OF INJURY While At F	Not While			
WORK L	At Work			
22. I certify that (1) (this hospital) attended the dec	eased from		9/7 to Sa	Ludestand 1 / and the contract of the contract
that M (we) last saw the deceased alive an 54	N 1 23	197/and the	ot in (mx) (our) opi	nion death occurred on the date
and hour and from the causes stoted above. (N. (We)	(did) (did not) vi	lew the body after death.	•	
23A. SIGNATURE				23B. DATE SIGNED
Chiu Simp Chan,	DEGREE		Staff Phys.	Sept. 23,71
Chiu Sung Chan.	M.D.	South Balti	more Grene	
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of	CEMETERY of CRE			ity, town, or county) (Stote)
REMONAL (Specify) Durial 9/27/71 (100 Ho	M Q	GI	en Burnie	AA (o Md
25A, DATE REC'D BY HEALTH DEPT.   25B, NAME OF REG	ven Mem Pk	25C. FUNERAL DIRECTOR	- Juvae	ADDRESS
CED ON ACTIO O A A O 37A	- C	The BOD FO	17/11/17	ila Vala Dal.
VS 150-REV. 1/1/68	MB	KAT (WILL TEN	·MT+ /2	Rosa fee

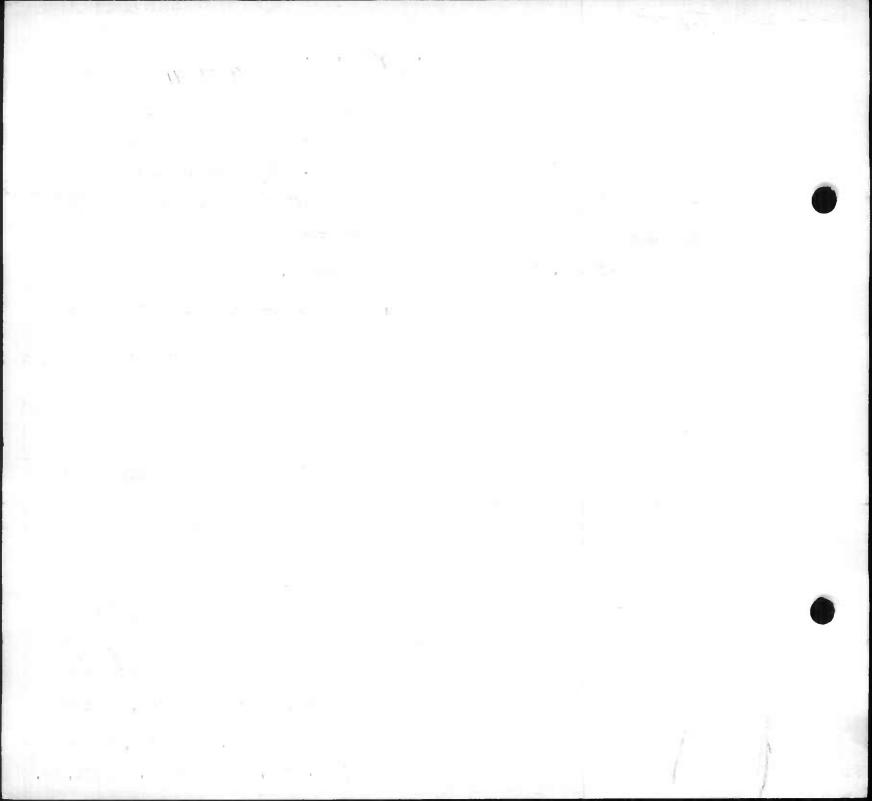


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1/	D = 1 71 page	BALTIMORE CITY	HEALTH DEPARTMENT		PA A				
Bil	7-360	CERTIFICA	TE OF DEATH	REG. NO.	71 8958				
1. f	NAME OF DECEASED William & Roemer			71	110:30 P M.				
3. FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONO  JUL NAME OF IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	4. USUAL RESIDENCE TWING A. STATE 8. COUN E. COUN	D rasadena,	Md 5 2 (and the control of the contr				
	St Agnes Hospital	e e	E. STREET AND NUMBER		YES NO P				
	SEX 6. RACE 7. MARRIED White WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH ?	9. AGE (in years last birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.				
	A USUAL OCCUPATION (Give kind of work 108, KIND Of the during most of working life, even if refired)	ater Dept	Md		USA				
13.	FATHER'S NAME William Roemer	1	14 MOTHER'S MAIDEN NA  Lott	me ie Ely					
15. (Ye	Was Deceased Ever in U. S. Armed Forces? 1s.no or unknown) (If yes, give war or dates of service)  9 8 11	SECURITY NO.	Mrs Ophelia Ro		ADDRESS				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthesia, etc., it means the disease,	(A) IMMEDIATE CAL	AC FAILURE -		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2. DAYS				
	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		NEED RULMON/ A CONSEQUENCE OF:	ARY EMPHYS	EMA ZYEARS				
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART § (A).	CARC	NOMA LEFT		DISCOVERED INFEK AGO				
ERTIFIC	NONE WAS PERPORMED		20A AUTOPST? (Yes or N	O) 20B IF YES WERE F	INDINGS CONSIDERED ISES OF DEATH?				
CALC	21A. ACCIDENT WAS UNDERLYING 210 CONTRIBUTING CAUSE OF DEATH Inofity medical examined	ne, form, factory, street, of	n of about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(if In Boltimore	City, give exect location)				
MEDI	OF IN HIDY	INJURY OCCURRED  Not While At Work	21F. HOW DID IN	JURY OCCUR?	47.4				
	22. I certify that (i) (this hospital) attended the deseased from								
	23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	) MD' DEGREE AMPHY	inding of Med.	Staff Phys.	23R DATE SIGNED				
24	Burial 9/22/71 P	AME OF CEMETERY OF CR		uto Co	y, town, or county) (State)				
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME	OF REGISTRAR	OMO BULLETO	1. mf + Tic	& Mack Rola				



VS 150-REV. 1/1/68



This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4-(11) BALTIMORE CITY HEALTH DEPARTMENT	71 9070						
GIRTH NO. 71 8970 CERTIFICATE OF DEATH	REG. NO.						
1. NAME OF DECEASED  (Type or Print)  L. F. SR.	OUR OF DEATH						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where dec	eosed lived. If institution: residence before admission						
IA. STATE B. COUNTY	2000						
INSTITUTION C. CITY OR TOWN	D. INSIDE CITY LIMITS?						
Gould Convalesarium Home 6116 Belair Road  Baltimore E. STREET AND NUMBER	YES NO NO						
1911 Hollins Str	reet						
last M	E (In yeors If Under 1 Yr. If Under 24 H.						
WILLE   WIDOWEDIA DIVORCED     3-13-1901	Menths Doys Hours Min.						
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign colone during most of working life, even if refired)	unity) 12. CITIZEN OF WHAT COUNT						
Retired Truck Driver Teamster Union Maryland	U.S.A.						
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
Charles Henry Farlow Dola Bailey	,						
es, no or unknown) Uf yes, give wor or doles of servicel SECURITY NO.	ADDRESS						
	ner, 2807 Hampden Ave. 212						
18. CAUSE OF DEATH	APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE CAUSE  (A)IMMEDIATE CAUSE							
ITRIS GOES NOT MEON THE MODE OF AVINCE OF	July funk						
heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)							
ANTECEDENT CAUSES (2) Cor Pulsande	2						
DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:							
tise to the obave couse (A) stoling the UNDERLYING CONDITION lost. (C) Chronic Pulmon,							
my tre	***************************************						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	. 6.						
DISEASE OR CONDITION GIVEN IN PART 1 (A).							
174-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B. IN (21A-ACCIDENT WAS UNDERLYING) 21B-PLACE OF INJURY (2.5. In conduction which operation in (21A-ACCIDENT WAS UNDERLYING) 21B-PLACE OF INJURY (2.5. In conduction which operation in (21A-ACCIDENT WAS UNDERLYING) 21B-PLACE OF INJURY (2.5. In conduction which operation in (21A-ACCIDENT WAS UNDERLYING) 21B-PLACE OF INJURY (2.5. In conduction which operation in (21A-ACCIDENT WAS UNDERLYING) 20B-PLACE OF INJURY (2.5. In conduction which operation in (21A-ACCIDENT WAS UNDERLYING) 20B-PLACE OF INJURY (2.5. In conduction which operation which operation in (21A-ACCIDENT WAS UNDERLYING) 20B-PLACE OF INJURY (2.5. In conduction which operation which operation which operation in (2.5. Injury (2.5. Inju	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?						
TAR ADVISOR OF THE STATE OF THE	(If in Boltimore City, give exect lecotion)						
	, and a second s						
DEATH (notify medical examined)  21D.TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURED  21F. HOW DID INJURY OF INJURY OCCURED  21F. HOW DID INJURY OF INJURY OCCURED	CCUR						
(APPROX.) While At Not While At Work							
22. I certify that (i) (Nas Acceptai) attended the deceased from 9/15/ 19 7/	10 9/22/197/						
laborate to the state of the st	my) (our) opinion deoth occurred on the do						
and hour and from the causes stated above. (1) (We) (did) (did not) view the bady ofter death.	my, tany opinion again acconted on the go						
23A. SIGNATURE	23B. DATE SIGNED						
Attending Med. Staff Phys. DEGREE Phys.	3 9/22/2						
23C. PHYSICIAM'S NAME (Type)  23D. ADDRESS							
DEGREE							
REMOVAL (Specily) 24B. DATE 24G. NAME OF CEMETERY OF CREMATORY 24D. LOCATION							
A DATE OF ST	rnie, Anne Arundel Co., Md						
SEP 27 177 Pose E. Jesse M. D. 25C. FUNERAL DIRECTOR Howard H. Hubbard	ADDRESS						
SEP 27 197 Vaseus E. Jabes M. O Howard H. Hubbard	d, 4107 Wilkens Ave. 21229						

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attendance cause; prior contributing (4) Undetermined regular eceased death = 20 D Was the direct death 0 kind; attendance any pronounced (3) A fracture of ular who regi = physician Was No physician any nature; (2) Body the 0 where

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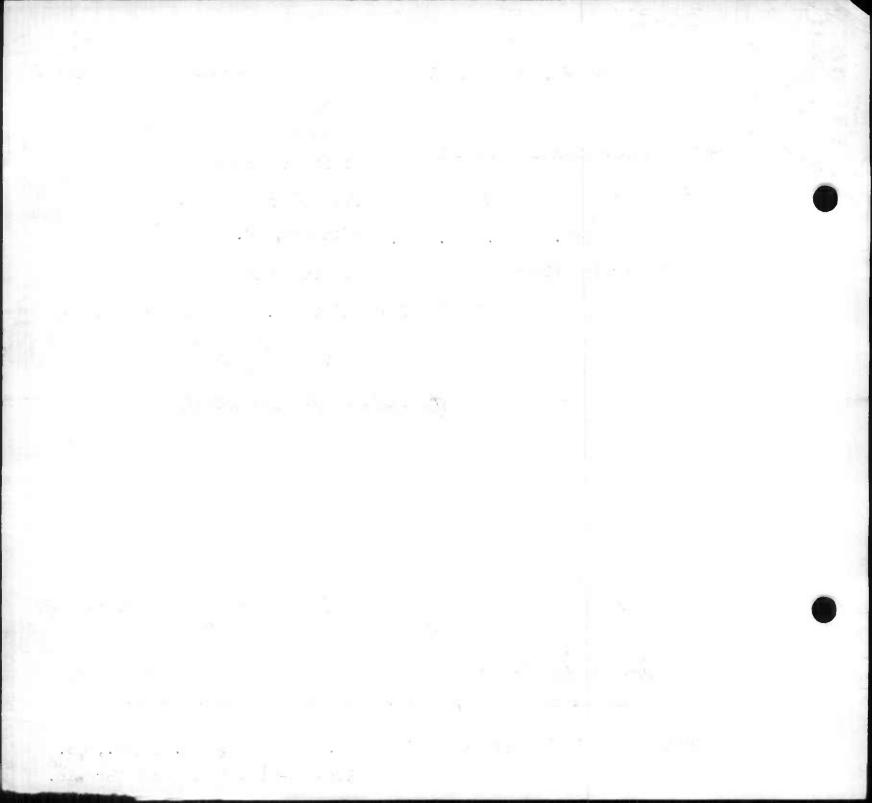
the body was released to the hospital shows: (1) An accident of any nature; (

approved

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) GILNER Marie 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence B. COUNTY Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMIT Baltimore YES T NO E. STREET AND NUMBER The Johns Hopkins Hospital 3838 The Alameda 5. SEX 6. RACE 8. DATE OF BIRTH 7. MARRIED 9. AGE (In years if Under 24 Hrs. Haurs i Min. NEVER MARRIED if Under 1 Ye, Manths! Doys Hours WIDOWED DIVORCED 67 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if rettred} Baltimore, Md. Personnel Serv. Soc. Sec. Adm. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME XXX Augusta Klicka Julia Lavicka 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (if yes, give war or dates of service) 16. SOCIAL 17, INFORMANT ADDRESS SECURITY NO. 216 28 8734 William T. Parr 3838 The Alameda CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. Il means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, (arm, (octory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical exemined 21 D. TIME OF INJURY (Month) (Day) (Year) 21& INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Nat While (APPROX) 22. I certify that 🏈 (this hospital) attended the deceased from that (1) (see) last sow the deceased alive on and that in (my) ( opinion death occurred on the date and haur and from the causes stated above. (1) (We) (did) (412 Not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Morley D. Hollenberg, The Johns Hopkins Hospital M.D24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (State) Dulaney Valley Mem. Padonia Rd. Balto. 1. . 258. NAME OF REGISTRAR

VS 150-REV. 1/1/68

25C. FUNERAL DIRECTOR Mitchell-Wiedefeld 6500 York Rd.



REMOVAL (Specify)

VS 151-REV. 1/1/68

in agray

25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

El Jaben K2

71 8972 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO I. NAME OF DECEASED 2. DATE Known 2 Month Doy 25 Year Hour (Type or Print) OF Donald Johnson 71 5:40 Estimoled DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE 3 Manth Day Yeor Hour FULL NAME OF PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 9 25 71 5:40 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) Bon Secours Hospital A. STATE Md. B. COUNTY 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED male Negro Balto. WIDOWED DIVORCED | NO YES X 10. AGE (In years Jost birthday) 9. DATE OF BIRTH If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER 624 N. Mount St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 1600 UNICE 14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) MAMIE 02019 14. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO. 18. INFORMANT (Yes, no or unknown) (ii yes, give wor or doles of service) 62 YN MOUNT HIRLOW 0-1002 CAUSE OF DEATH APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH Stabwound of chest DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart lailure, osthenia, etc. it means the disease, injury ar camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 1i OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) ves 228. PLACE OF INURY (e.g., In ar about 22C, WHERE DID (II in Baltimare City, give exact location) home, farm, factory, street, affice bidg., etc.) INURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB-STREET Gilmor & Edmondson Avenue UTING CAUSE OF DEATH 22D. TIME (Month) (Doy) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) OF INJURY NOT WHILE 24 11:00 WHILE AT Subject stabbed during altercation. (APPROX.) D m. WORK AT WORK I certify that I held on Inquiry Autopsy KX Inspection and that on this basis, death in my opinion resulted from: Natural causes Suicide Accident Homicide XK Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S 9/26/71 Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER NAME (Type) 24A, BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY or CREMAJORY 24D. LOCATION

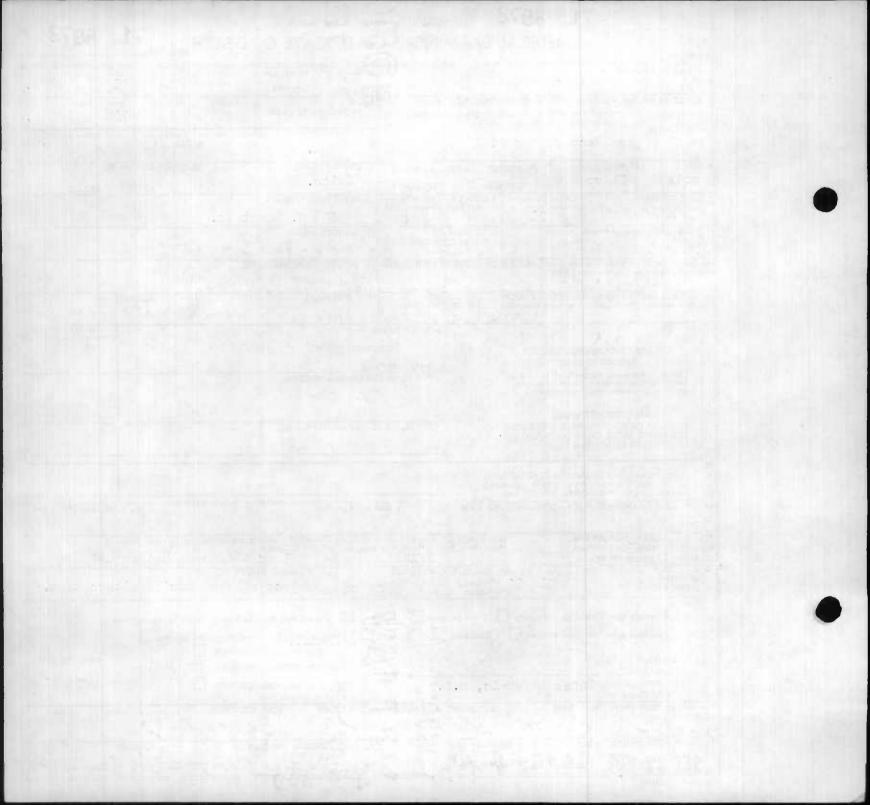
(City, town, or county)

ADDRESS

500

25C. FUNERAL DIRECTOR

(State)



1	D-500 71 8973 BALTIMORE CITY	HEALTH DEPARTMENT 71 8973							
7994	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.							
and ase	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
f de con on Pr. S.	Ittread Denn	9/22/71 5:55 P.M.							
od o o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. MARYLAND COUNTY							
cau Se; end to	INSTITUTION	FREDERICK  D. INSIDE CITY LIMITS?  YES NO TOWN  NO TOWN							
ed in uting od cau r atte prior le.	THE JOHNS HOPKINS HOPITAL	E. STREET AND NUMBER 406 LEE PLACE							
occurred in ontributing ermined ca regular att eased prior is made.	S. SEX 6. RACE 7. MARRIED NEVER MARRIED MALE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years Months Doys Hours Min.							
ath in dec	done during most of working life, even if retired)  Salesman  Fred. Egipment Co.	11. BIRTHPLACE (Stote or foreign country)  Maryland  U.S.A.							
B V L	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
- N	ALFRED C. DENN	GERTRUDE BISER							
al al al	15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS							
W - C:-	Yes U.S.N.	Mrs. Delories B. Denn (Qame as above)							
i i i	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
Also Also e of noun med	DISEASE ON CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE CAUSE CONCURRENCE TO THE CAUSE CONC								
	heart failure, aslhenia, etc. il means the disease.								
- E 8 3 E	injury or complication which caused death.)	100 UD = SMIT							
A fr	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:							
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8 B C	UNDERLING CONDITION last. (C)	······································							
日本日で多日	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION SO TO SIDERED IN CERTIFYING CAUSES OF DEATH?								
TE > 0.00	OISEASE OR CONDITION GIVEN IN PART 1 (A).  1994-DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION 2004 AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
chi BBo th ysi	WAS PERFORMED bern +MF	IN CERTIFTING CAUSES OF DEATH?							
ナーショーエー	OF CONTRIBUTING CAUSE OF	n or about 21 C. WHERE DID (If In Boltimare City, give exact location) lice bidg., INJURY OCCUR?							
d b	DEATH (natify medical examined)  DEATH (natify medical examined)	21F. HOW DID INJURY OCCUR?							
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. 0 0 - 0	and have and from the causes stated above. (W. (We) (did) (did not) vi								
dent dent deat must	23A. SIGNATURE	23B, DATE SIGNED							
	DEGREE Phys.								
was r An a L at c prior	NAME (Type)	3D. ADDRESS							
	24A. BURIAL CREMATION 24B. DATE 24C. NAME of CEMETERY OF CRE								
body was ws: (1) An D.O.A. aleased price	Burial 9/25/71 Mt. Olivet Cemete								
5 0	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR							
This the show was dece	SEP 27 1971 Pased & Jacker M. D. O.	M.R. Etchison & Son Funeral Home, 196 East							
	VS 150-REV. 1/1/68								

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It by a medical examiner. Also, if the direct or contributing cause of death (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ere the physician who pronounced death was in regular attendance on the physician was in regular attendance on the effore the remains are embalmed or final disposition is made.	1.5	]
It by a medical examiner of his assistant if again occurred in a nospital and it by a medical examiner. Also, if the direct or contributing cause of death (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ere the physician who pronounced death was in regular attendance on the physician was in regular attendance on the deceased prior to death. Such effore the remains are embalmed or final disposition is made.	f deat	on th
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y a medical examiner of his assistant it dearn occur y a medical examiner. Also, if the direct or contrib Body burns; (3) A fracture of any kind; (4) Undetermin the physician who pronounced death was in regul sysician was in regular attendance on the deceased the remains are embalmed or final disposition is may	uting c	prior de.
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Body the the ysici	nedical burns;	physicic an was remair
20 6 40	by a r	physici fore the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH NOON (Type or Print) TAYLOR HERMAN M SEPTEMBER 23,1971 2:00P 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE **FULL NAME OF** (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND BALTIMORE HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? NOT ST. AGNES HOSPITAL BALTIMORE YES E. STREET AND NUMBER 6120 Edmondson Ave. 5. SEX 6. RACE 9. AGE (In years S. DATE OF BIRTH MARRIED NEVER MARRIED Il Under 1 Yr. Manths! Days Il Under 24 Hrs. lost birthday Hours 10/09/96 MALE WHITE WIDOWED DIVORCED IGA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or largin country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) METAL SIGN CO RETIRED SHEET M MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME THEODORE TAYLOR HENRIETTA FOWLER TAYLOR 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (It yes, give war or dotes of service) SECURITY NO. YE S 217-09-1626 ST. AGNES HOSPITAL RECORDS CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEUKEMIA LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last Was physic before the rema CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. AUTOPSY? (Yes or Not 20R, IF YES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH? the 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? where (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined obtained 21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except Not While While At (APPROX.) pub At Work 22. I certify that (1) (this haspital) attended the deceased from SEPTEMER 15 to SEPTEMBER that (I) (we) last saw the deceased alive an SEPTEMBER 23 ond that in (my) (our) opinion death occurred on the date death) hospital and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 234 SIGNATURE 23B, DATE SIGNED Attending [ 9-23-7 0 dona h approval O prior

23C. PHYSICIAN'S BALTIMORE, MD 23D. ADDRESS NAME (Type) ST. AGNES HOSPITAL: CATON Vargars 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel REMOVAL (Specify) Elkridge, Md. 9/21/7Meadowridge Mem. 25C MUNERAL DIRECTOR MACNADO VS 150-REV. 1/1/68

The second of WINDSTIN BY LEW TANKS 

S-530 71 8975  BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71	8975
DIKIN NO.	
1. NAME OF DECEASED 1Type or Print) 2. DATE AND HOUR OF DEATH	
JEARC SMITH	2.20 pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institutions	residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OC. CITY OR TOWN  OC. CITY OR TOWN	603
D. INSIDE CITY OF TOWN PEST BALTIMORE YEST	
BAUT, MA. E. STREET AND NUMBER	AL MOLL
2230 E. FAIRMOUNT AVE.	
5 SEY 16 DACE 17	der 1 Yr., If Under 24 Hrs.
MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years list) birthdoy) WIDOWED DIVORCED 7/9 25 birthdoy) Widowith	s Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11a BIRTHPLACE (State or foreign country)	TIZEN OF WHAT COUNTRY?
Packer Old Line (andy (0. Erwin, Tennessee	USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
H. CLAY HAMPTON ETHEL TIPTON	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SDCIAL SECURITY NO.	ADDRESS
No 415-36-8161 Mr. Howard Ray Smith 2230 Fa	irmount A ve.
18. / / G CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY VENTRICULAR FIBRILLATION	BETWEEN ONSET AND DEATH
LEADING TO DEATH	20 MIN
(This does not meon the mode of dying, e.g., heart failure asheric also the mode of dying, e.g.,	
heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	18
ANTECEDENT CAUSES	Agl
DISEASES OR CONDITIONS, If any, giving  (B) HYPOXIA & HYPOXEMIA  DUE TO, OR AS A CONSEQUENCE OF:	TONYS
rise to the above couse (A) stoling the	0 0 00
UNDERLYING CONDITION last. (c) LAMPHANGITIC CARCINOMA	6-8 MONTO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179. ADATE OF OPERATION 179. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING TO 1218 PLACE OF INJURY 10.2 IN 12 ADAPTICE OF THE PLACE OF INJURY 10.2 IN 12 ADAPTICE OF THE PLACE OF INJURY 10.2 IN 12 ADAPTICE OF THE PLACE OF THE PLACE OF INJURY 10.2 IN 12 ADAPTICE OF THE PLACE OF	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDING	C CONSIDERED
WAS PERFORMED  WAS PERFORMED  WAS PERFORMED  WAS PERFORMED  178 CONDITION FOR WHICH OPERATION  YES  180 CERTIFYING CAUSES OF	DEATH?
21A. ACCIDENT WAS UNDERLYING	ve exoct location!
DEATH (notify medical examined)   home, form, factory, sheet, office bidg., INJURY OCCUR?	
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR	
S OF INJURY	
Work At Work	
22. I certify that (I) (this hespital) attended the deceased from 20 50 1971 to 2	2 Sept 1971
that (1) (we) lost sow the deceased alive on 72 Seat 1971 and that in (my) (our) opinion dec	
and hour and from the couses stated above. (1) (16) (did not) view the body ofter death.	an accourse on the gots
23A. SIGNATURE	TE COMES
23 k DA	TE SIGNED
Director Phys. Director Phys. 2	isegn 71
23C. PHYSICIAN'S NAME (Type) KEITH L. KLEIN 23D. ADDRESS	D
DEGREE Johns Hopkins No	OSP SALT MA
44. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town,	or county! (Stole)
0 . 1 0/20/155	
258 NAME OF PEGISTRAL 1250 FUNERAL DIRECTOR	ADDRESS
SEP 27 1971 Pober E. Harber, M.D. O of of n M. Moran, Inc. 3000 E. L	Patrimore St.
'S 150-REV. 1/1/68	

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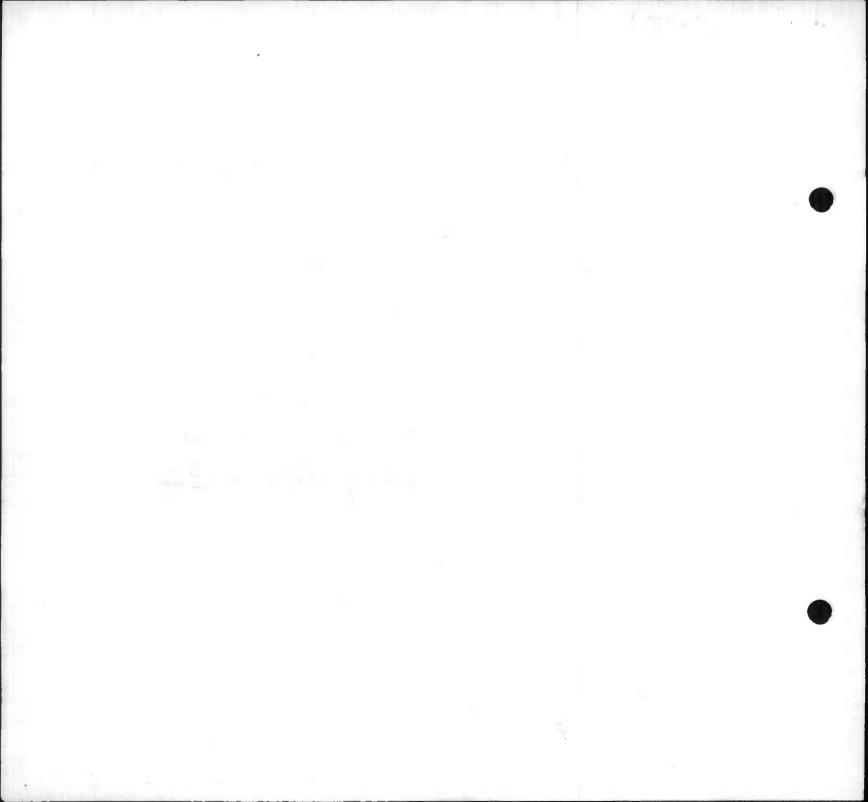
Carlos Company of the

HATCH IN THE

NUMBER

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	8-63	) 1714	00111			HEALTH DEPARTMEN		71	80'76
BI	RTH NO.	1	8976	) CE	RTIFICA	TE OF DEAT	H REG. NO	)	00/0
	NAME OF DEC	1	13000				E AND HOUR OF DE	ATH	
		6757	BARR			, ,	- 23-71		12:20 AM
3.	PLACE IN BAL	IIMORE, MARYLAN	D, WHERE PR	ONO UNCED DE	EAD	4. USUAL RESIDENCE	Where deceased lived OUNTY	. Il institution:	residence before odmission)
FL	ULL NAME OF	(IF NOT IN H	OSPITAL OR II	ISTITUTION, GIV	VE STREET	MP			102
IN	ISTITUTION					C. CITY OR TOWN	D.	INSIDE CITY	
	MD. 1	FEN H	105			E. STREET AND NUMB	FD	YES	NO [
1	X						SALTO ST	2	1224
5.	SEX	6. RACE	7. MAR	RIED NEVER	MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Und	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
1	1 USUAL OCCU	40			IVORCED	3- (7- 00	71		
do	ne during most of v	vorking life, even if re	lired)		OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12, CIT	TZEN OF WHAT COUNTRY?
		rstress	Hel	Ler Mfg.		MD			115/7
13.	FATHER'S NAM					14. MOTHER'S MAIDEN			
11	(han	Les Soude	7			Margare	et Wagner		
15. (Ye	Wos Deceased	Ever in U. S. Arme (If yes, give wor o	d Forces?	1 6. SOCIA		17. INFORMANT			ADDRESS
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-	18. 12. /	1.4			JSE OF DEATH	077			APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION	N DIRECTLY			0 0		Λ.	BETWEEN ONSET AND DEATH
		LEADING TO DE		(4)	IMMEDIATE CAU	E Corolna	-9Page (	Deri V.A	
	1This does no	of mean the mod osthenio, etc. It m	e of dying,	e.g.,		CONSEQUENCE OF:		~~~~~	
	injuty of com	plication which co	used deoth.)						
	A	NTECEDENT CA	U\$E\$	/R)		ASOU	0		<u> </u>
	DISEASES O	R CONDITIONS,	if ony, gi	ving (b)	DUE TO, OR AS	A CONSEQUENCE OF:	^ ^	********	
	UNDERLYING	above cause CONDITION las	(A) slating	the (c)	Olher	imatic It	east Dis	ease	
		П		(0).			^ ^		
TION	OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTI	NG	Dennet	0	() ()	.00	
Y.	DISEASE OR CO	BUT NOT RELATED	PART 1 (A).	****	40/201	samous 112	enearcary	Musical	************
CERTIFICA	19A. DATE OF		CONDITION F	OR WHICH OP	ERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING	ERE FINDINGS	CONSIDERED
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	OR CONTRIBUT	T WAS UNDERLYING CAUSE OF	NG []	home, farm, fo	clory, street, of	or obout 21 C. WHERE DI	D (If In Bol R?	timore City, giv	re exoct location)
ICAL		medical examiner		etc.)					
MEDI	OF INJURY	(Month) (Doy) (	Yeorl (Hour)	21E INJURY O		I	INJURY OCCUR?		
-	IAPPROX.)			While Al	Not While At Work				
l	22. I certify t	that (1) (this has	pital) attend	ed the deceas	ed from 9	~ ~ 1 Br	197/to	9.2	3 19 7/
		last saw the dec			*************************			opinion dea	th occurred on the date
	and hour and	fram the couses	stated abay	e. (1) (We) (did	d) (did nat) vi	ew the bady after dea			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
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	23C. PHYSICIAN	rs		70-00	DEGREE	3D. ADDRESS	- rays	161	-317/
	SH	RMAN	KAI	(AA)		ma (	550	1105	P
24/	BURIAL CREA	ATION, 24B, DAT	E  24	C. NAME of CE	METERY of CRE		D. LOCATION	(City, town, o	
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25/	- DATELIERO	BY HEALTH DENT.	/	0		25C. FUNERAL DIREC	TOR	U	ADDRESS
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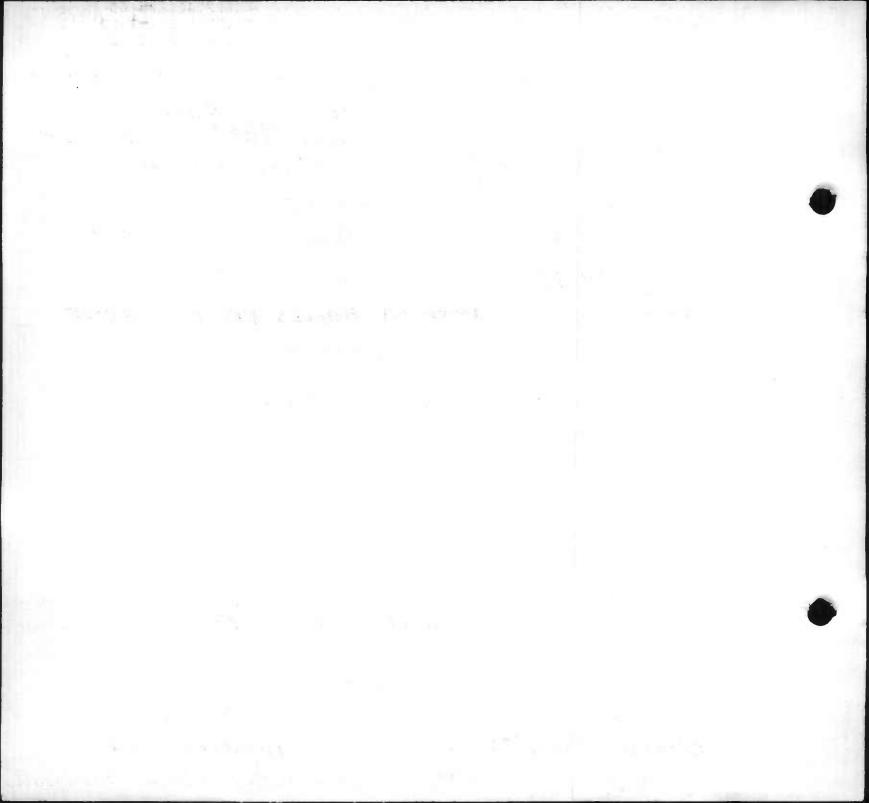
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH uch BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) YEATMAN, ELEANOR C SEPTEMBER 22,1971 death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND ANNE ARUNDEL FULL NAME OF HOSPITAL OR INSTITUTION IIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? SEVERNA PARK NOKX YES ST. AGNES HOSPITAL prior E. STREET AND NUMBER 0 11100 mad 5. SEX 6. RACE 9. AGE (in years lost birthdoy) If Under 1 Ya If Under 24 Hrs. MARRIED NEVER MARRIED deceased Hours FEMALE 09/03/93 WHITE WIDOWED DIVORCED ICA, USUAL DECUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate at foreign country 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired MARYLAND U.S.A. the 4 MOTHER'S MAIDEN NAME SAMUEL MC CLELLAN ALICE WHITE MC CLELLAN 9 15. Wes Deceased Ever in U. S. Anned Forces? (Yes, no or unknown! (ii) yes, give war or dotes of service? 17. INFORMANT ADDRESS 6 SOCIAL final SECURITY NO. attendance 212-07-2492 ST. AGNES HOSPITAL RECORDS NONE CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 evere Peritoritis DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH PANIMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: regular ANTECEDENT CAUSES are DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the romains UNDERLYING CONDITION last Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERPORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Oli verti whem 21 A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) Na MEDICAL DEATH (notify medical examined obtained (Month) [Day) (Year) Houd 21E INJURY DCCURRED 21F. HOW DID INJURY OCCUR? 9 (except ; and (6) DE INJURY Not While While At (APPROXI Al Work SEPTEMBER 18 19 71 SEPTEMBER 22 22. [ certify that (1) (this hospital) attended the deceased from. that (I) (we) last saw the deceased alive on SEPTEMBER 22 19\_ and that In(my) (our) opinion death occurred on the date death) and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending | 09/22/71 Staff Phys. 0 Phys. Director written approval DEGREE 23 C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) MUANTS SOMBUT Kens 24A. BURIAL CREMATION 24C. NAMETOL CEMETERY OF CREMATORY bespese 24D. LOCATION (Cay, town, or county EMOVAL (Specify) 258. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR REC'D BY HEALTH DEPT. ADDRES D V\$ 150-REV. 1/1/68

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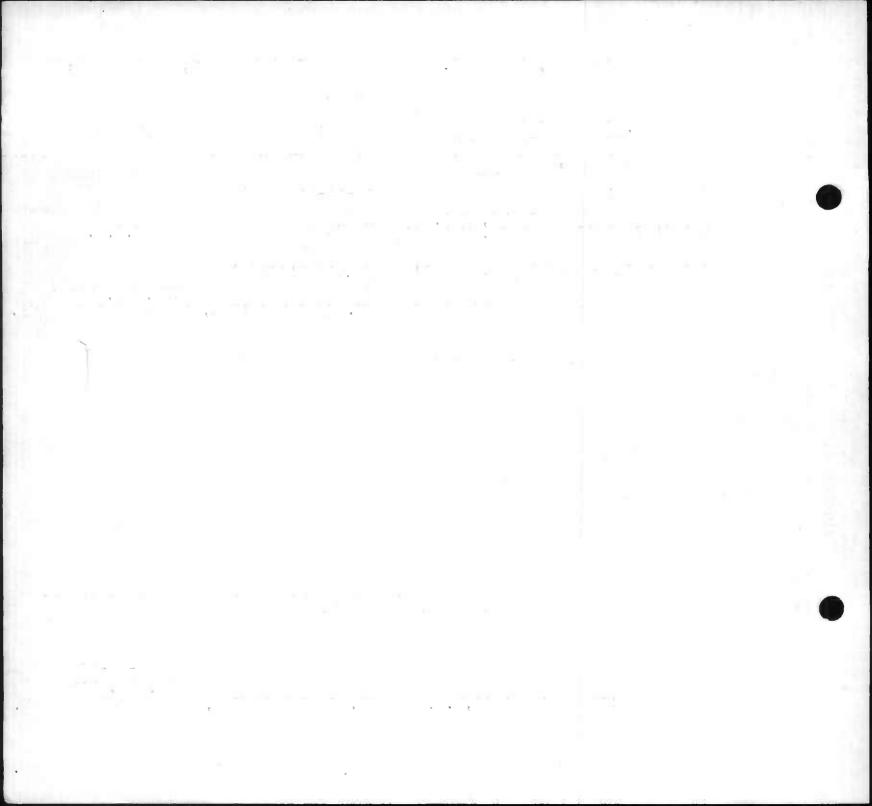
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1/	-610 71 8978		HEALTH DEPARTMENT	KREPP, JOS DR. HULL 3	EPH165 6-44-238978	
	TH NO.	CERTIFICA	TE OF DEATH	DR. GRAHAM	RC S	
	PAME OF DECEASED	0 1 . 0	2. DATE AN	D HOUR OF DEATH		
	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	Sept 197	nstitution: residence before admission	
HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	md	BALI	<i>p</i>	
8	University Hoe	portal	E. STREET AND NUMBER	2	YES NO P	
	/	V	2214 CONSIA	Rd 212	21	
5. 5	MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	10-23-05	9. AGE (In years lost birthday)	H Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
10A	. USUAL OCCUPATION (Give kind of work 108, KII		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
	e during most of working life, even if retired)		Penn.		USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM			
	Joseph Crepp			a Mohr		
15. (Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give wor or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
4	nknown	170-03-7929		KREPP	ABOVE	
	18. / 3 4 / 1	CAUSE OF DEATE	4	111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ALABAMEDIATE CALL	uctive urop	athy		
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	e.g., DUE TO, OR AS	CONSEQUENCE OF:			
	. ANTECEDENT CAUSES	(arcini	ma rectum			
	DISEASES OR CONDITIONS, if any,	(8)	A CONSEQUENCE OF:	· · · · · · · · · · · · · · · · · · ·	***********************	
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)		l'		
_	11					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING INAL		*****************		
ERTIFIC	19A DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208 IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
اما	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or about 21 C. WHERE DID	(If In Baltimor	e City, give exoct location)	
	DEATH (notify medical examined) 21 D. TIME (Month) (Day) (Year) (House)	etc.)				
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF (NJURY (APPROX.)	21 E INJURY OCCURRED  While At Not While	21F. HOW DID INJU	JRY OCCUR?		
		Work At Work			1	
	22. I certify that (1) this hospital) attend that (i) (we) last saw the deceased alive	ded the deceased from	e Production	9 //	9/23 19	
	and hour and from the causes stated aba		and the	it in (my) (our) opl	nion death occurred on the date	
	238. DATE SIGNED					
Victor & Rogroa M. Degree Phys.   Med.   Staff   9/						
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	глуз. ц	1/00/11	
	VICTOR J. ROGOSA	DEGREE	University	1 Hoppita	10	
24A	REMOVAL (Specify)	C. NAME of CEMETERY of CRE	7-	CATION (Cit	y, town, or county) (Stote)	
25A		CALVARY		TSBURG	PA	
234	SEP 27 87 028 8 E.	dauben A. D.	Connelly R	mesal Han	ADDRESS 300 Mag A	
VS	50-REV. 1/1/68		1		7.72.000	



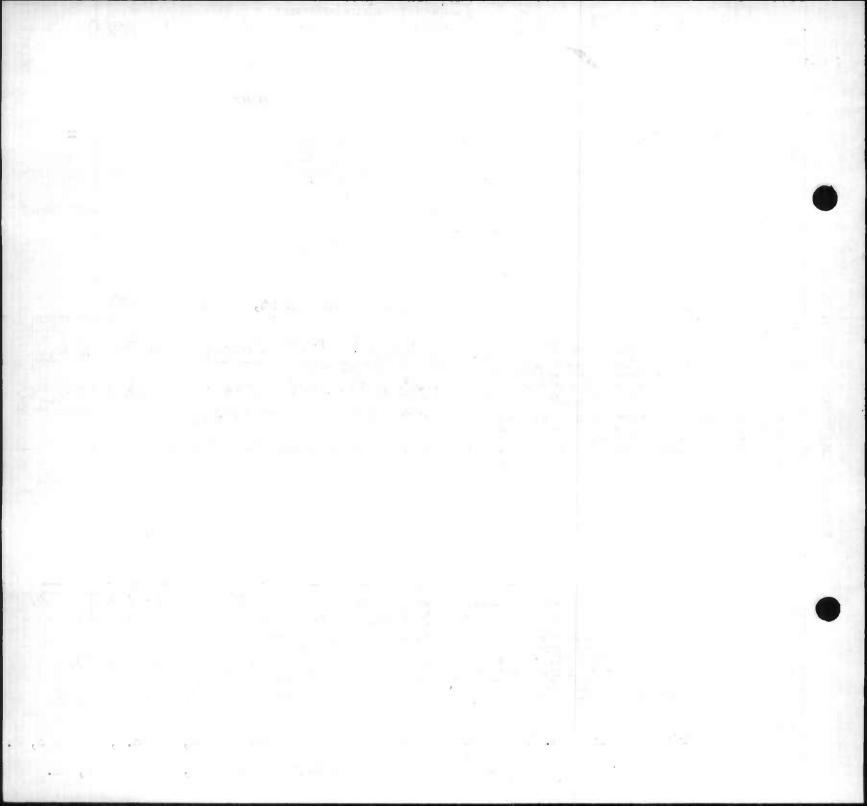
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A 150 BALTIMORE CIT	Y HEALTH DEPARTMENT						
SKIH NO.	ATE OF DEATH REG. NO. 74 8979						
Type or PANT FLANDORFFER, WILLIAM G.	SEPTEMBER 22, 1971 10:50 R.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution residence before admission) A, STATE B, COUNTY						
FULL NAME OF HE NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND  C. CITY OR TOWN  D. INSIDE CITY LIMITS?						
SI. AGNES HUSPITAL	BALTIMORE YESTX NO T						
WILKENS & CATON AVENUE	E. STREET AND NUMBER						
BALTIMORE, MARYLAND 21229	429 EAST LYNN AVENUE 2122						
MALE WHITE WIDOWED DIVORCED							
OA USUAL OCCUPATION (Give kind of work 108 KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?						
OA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR Jone during most of working life, even # retired) FORMS INC. PRINTING PRESSMAN BALTO. BUSINESS							
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
GUSTAVE FLAND ORFFER DEC'D	NELLIE (FISCHER)						
5. Wae Deceased Ever in U. S. Armed Forces? 16. SOCIAL Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO.	BALTO. MD. 21229						
Yes 1942-1945 216148058	ST. AGNES HOSPITAL . WILKENS & CATON AVE.						
18. CAUSE OF DEA							
DISEASE OR CONDITION DIRECTLY	nic Granubaytic Leukemia						
heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:						
Injury or complication which caused death.)							
ANTECEDENT CAUSES (6)							
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:						
UNDERLYING CONDITION last. (C)							
- 11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	<u>\$</u>						
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).							
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21D-TIME (Month) (Day) (Year) 1Haus 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
While At   Not Wh	ile rm						
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OF INJURY IAPPROX.)  While At Not When the Course of the deceased from September  while At Not When the Course of the deceased from September  and hour and from the course stated above. (I) (We) (did) (did not)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  VICTOR BENAVIDES, M.D.  DEGREE	EPTEMBER 15 19 / L to SEPTEMBER 22 19 71  22 19 71 and that In(my) (our) opinion deoth occurred on the date  view the body after death.    23R. DATE SIGNED   23R. DATE SIGNED   09-22-71    23D. ADDRESS   BALTO. MD. 21229    ST. AGNES HOSPITAL, WILKENS & CATON AVE.						
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OF INJURY IAPPROX.)  While At Not When the Course of CEMETERY of Course of Cemetery of Course of Cemetery of Course of Cemetery of Course of Cemetery of Course of Cemetery of Course of Cemetery of Course of Cemetery of Course of Cemetery of Course of Cemetery of Course of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery of Cemetery	EPTEMBER 15 19 / L to SEPTEMBER 22 19 71  22 19 71 and that In(my) (our) opinion deoth occurred on the date  view the body after death.    23R. DATE SIGNED   23R. DATE SIGNED   09-22-71    23D. ADDRESS   BALTO. MD. 21229    ST. AGNES HOSPITAL, WILKENS & CATON AVE.						
OF INJURY IAPPROX.)  While At Mork  22. I certify that (I) (this hospital) attended the deceased from S that (I) (we) last saw the deceased alive an SEPTEMBER and hour and fram the couses stated above. (I) (We) (did) (did not)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  VICTOR BENAVIDES, M.D.  DEGREE  24C. NAME of CEMETERY of C REMOVAL (Specify)  Burial  9/25/1971 Loudon Par	EPTEMBER 15 19 / Lo SEPTEMBER 22 19 71  22 19 71 and that in(my) (our) opinion deoth occurred on the date  view the body after death.    238. DATE SIGNED						



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE C	CITY HEALTH DEPARTMENT
-4/6 71 8980 CEPTIEIC	CATE OF DEATH REG. NO. 74 8580
IKIH NO.	0.0,
Type or Print CALUERT ANNIE	2. DATE AND HOUR OF DEATH  9-23-71 1919  D.M.
PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND AM  C.CITY OR TOWN  D. INSIDE CITY LIMITS?
SOUTH BACTIMORE GENERAL HOSPITAL	PASADENA YES NO IS
43	RT. 2 Box 325
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE lin years If Under 1 Yr., If Under 24 Hrs.   Host birthdoy  Months! Doys Hours Min.
F WIDOWED DIVORCED	1-1-90 81
DA. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUS	TRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE Own Home	MO USA
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
HENRY ALFRED COOK	RHODA V. HANCOCK
S. Was Decessed Ever in U. S. Armed Ferces? (es,no or unknown) Uf yes, give war or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS
no 219-10-1034	James Calvert, same as 4
18. 14 CAUSE OF DI	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	CAUSE MYOCARDIAL INFARCTION 16 kg
(A) MMEDIATE  (This does not mean the mode of dying, e.g.,	
heart failure, authoria, etc. It means the disease.	AS A CONSEQUENCE OF:
injury or complication which caused death.)	ERTENSIVE CARDIO-VASCULAR 9 YEAR
DISEASES OR CONDITIONS, if any, giving DUE TO, Of rise to the above cause (A) stating the	RAS A CONSEQUENCE OF: DISEASE
UNDERLYING CONDITION last (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
C DISEASE OR CONDITION GIVEN IN PART 1 (A).	INCA A CORPORATE AND A PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT
19A DATE OF OPERATION 19B CONDITION POR WHICH OPERATION WAS PERFORMED	20A. AUTOPSYS (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined)  21B. PLACE OF (NJURY lethome, form, foctory, street)	g, in at about 21C, WHERE DID (it in Boltimore City, give exact location) t, office bidg, INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21& (NJURY OCCURED	21F. HOW DID INJURY OCCUR?
S OF INJURY    IAPPROX.)  While At   Not	White [7]
Work Li At W	91-23-197/10 9-23-197/
22. I certify that (I) (this hospital) attended the deceased from	
that (I) (we) last saw the deceased alive an	19 and that in (my) (aur) apinion death accurred an the date
and hour and from the causes stated above. (1) (We) (did) (did no	
23A. SIGNATURE HORYWOND M. D. C.	Attending Med. Stoff Director Phys. Drector Phys. 9-23-7/
23C. PHTSICIANS NAME (Type) HARELT SINGH	3001 S. HAMVER ST. BALTIMORE.
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERT of	GREE) CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 26 Sept. 71 Magothy Cemet	Jacobsville, AA Co., Pasadena, Md.
25A. DATE REC'D ST HEALTH DEPT.  25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
SED ON MORE CO AN 2 0 744 1	Kirkley, Funeral Home, Glen Burnie, Md.
/5 150-REV, 1/1/68	

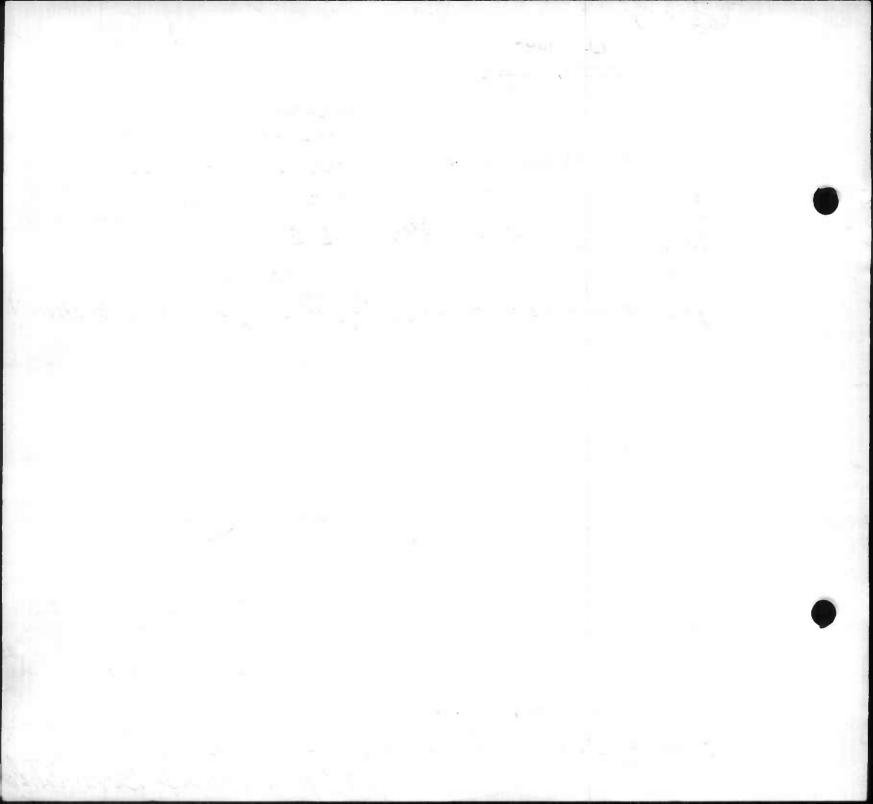


9/30/71 - Correction form from funeral director.

was D.O.A.

G-200 BALTIMORE CITY HEALTH DEPARTMENT	ter A
BIRTH NO. 71 8982 CERTIFICATE OF DEATH	REG. NO
1. NAME OF DECEASED 2. DATE A	ND HOUR OF DEATH
(Type or Print) GASQUE, Westley	1.23,1971
A. STATE B. COU	ere deceosed lived. If institution
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland ADDRESS OR LOCATION)	
INSTITUTION [C. CITY OR TOWN	D. INSIDE C
Baltimore	e YES
The Johns Hopkins Hospital 1705 E. 1	Madison Stree
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years If I
Male Negro widowed Divorced 6/28/34	37
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or for done during most of working life, even if retired)	eign country) 12.
13. FATHER'S NAME	AME
Edward Gasque Dora	Wilson
5. Was Deceased Ever In U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	
(Yes, no of unknown) (If yes, give wor of doles of service) SECURITY NO.	requi 1705
18. CAUSE OF DEATH	1
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.  (C)	
Z	1000
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED  20A-AUTOPSYZ (Yes of N Yes	IN CERTIFYING CAUSES
OF CONTRIBUTING CAUSE OF COME, form, foctory, street, office bldg., INJURY OCCUR?	(If In Boltimore City,
21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED 21F. HOW DID IN	JURY OCCUR?
(A PPROX.)  While At Not While Not Work	
1 410 C1 11 VIN 1	
	19// to - 6-// -
22. I certify that (I) (this hospital) attended the deceased from	to to the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on the total on
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22. I certify that (I) (this hospital) attended the deceased from	hot In(my) (our) opinion
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on 19 ond the and hour and from the couses stated above (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  Attending Med. Director December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 December 19 D	hot In(my) (our) opinion
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22. I certify that (I) (this hospital) attended the deceased from	hot in(my) (our) opinion of
22. I certify that (I) (this hospital) ottended the deceased from	hot in(my) (our) opinion of staff Phys.

Μ. TY LIMITS? XX NO [ t Inder 1 Yr. If Under 24 Hrs. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IGS CONSIDERED give exoci focotion) leath occurred on the dote DATE SIGNED Hopkins Hospital The Johns DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATOR 24D. LOCATION (City, town, or county) (Stote) 248. MANIE OF REGISTRA SC. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/68



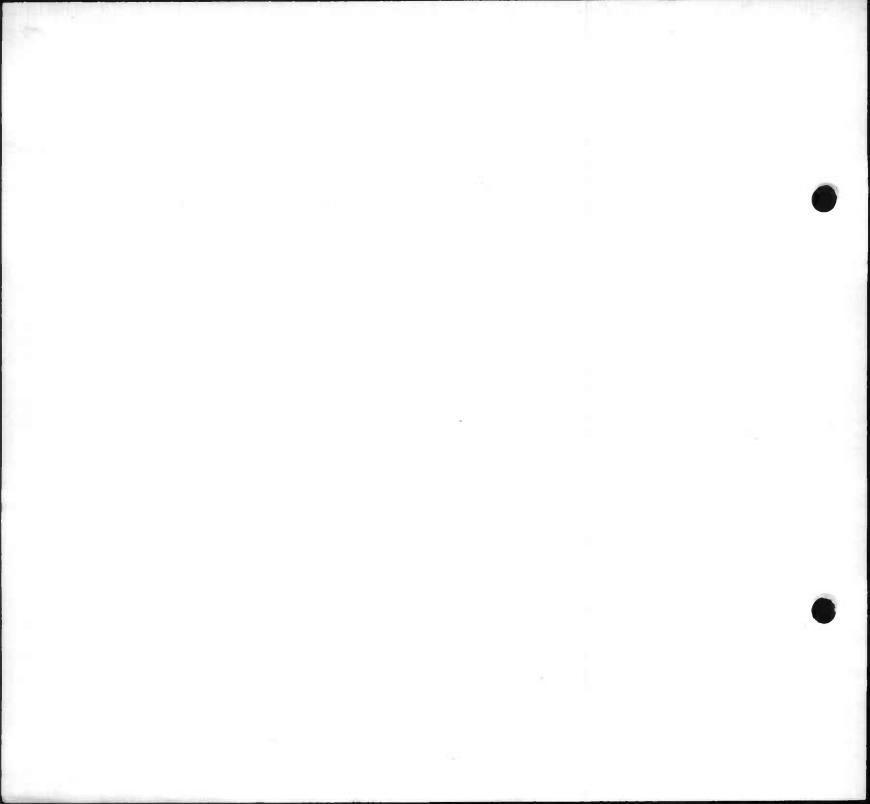
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH pital and of death Deceased Such BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital death. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 8. COUNTY ance A. STATE (2) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION cause C. CITY OR TOWN D. INSIDE CITY LIMITS? (4) Undetermined cause: attend 40 YES 4 NO prior contributing NUMBER regular mad 9. AGE (In years 5. SEX OF If Under 1 Yr. If Under 24 Hrs. MARRIED NEVER MARRIED deceased Months: Doys lost birthdoy Hours WIDOWED DIVORCED S 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death done during most of working life, even if retired) Ξ DAD, actord wor MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Moses assistant death 0 15. Was Deceased Ever in U. S. Armed Forces kind: (Yes, no or unknown) (If yes, give wor or dotes of service) final 3304 attendance any pronounced 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, balmed of LEADING TO DEATH fracture (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, 20 examiner. injury ar camplication which coused death.) regul E who ANTECEDENT CAUSES DUE 10, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving 3 rise to the above couse (A) stoting the UNDERLYING CONDITION last. physician the remains chief medical Was medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the O Nowe before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF the 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where (If In Baltimore City, give exact location) hospital °N MEDICAL DEATH (notify medical examiner) etc.) nature; obtained 21D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY Not While (except While At (APPROX.) and Work At Work to the any Sent 22. I certify that (1) (this hospital) attended the deceased from 19 that (1) (we) last saw the deceosed alive on pe ond that in (my) (our) apinian death occurred an the date eath) of hospital was released must and hour ond from the couses stated obove. (1) (We) (did) (did not) yiew the body after death, accident 23A, SIGNATURE 23 B. DATE SIGNED 0 Attending [ Med. Staff 0 Phys. approval Director 0 23C. PHYSICIAN'S 23 D. ADDRESS prior ŧ NAME (Type An ENSKY 6 was D.O.A. 24C. NAME of CEMETERY OF CREMATORY shows: (1) BURIAL CREMATION, DATE eceased 24D. LOCATION the body REMOVAL (Specify) written Maryland Baltimore, Mt. Auburn Cemetery Burial 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS 2SC. FUNERAL DIRECTOR Bell E. Jaber 4611 Park Heights Ave. Law.

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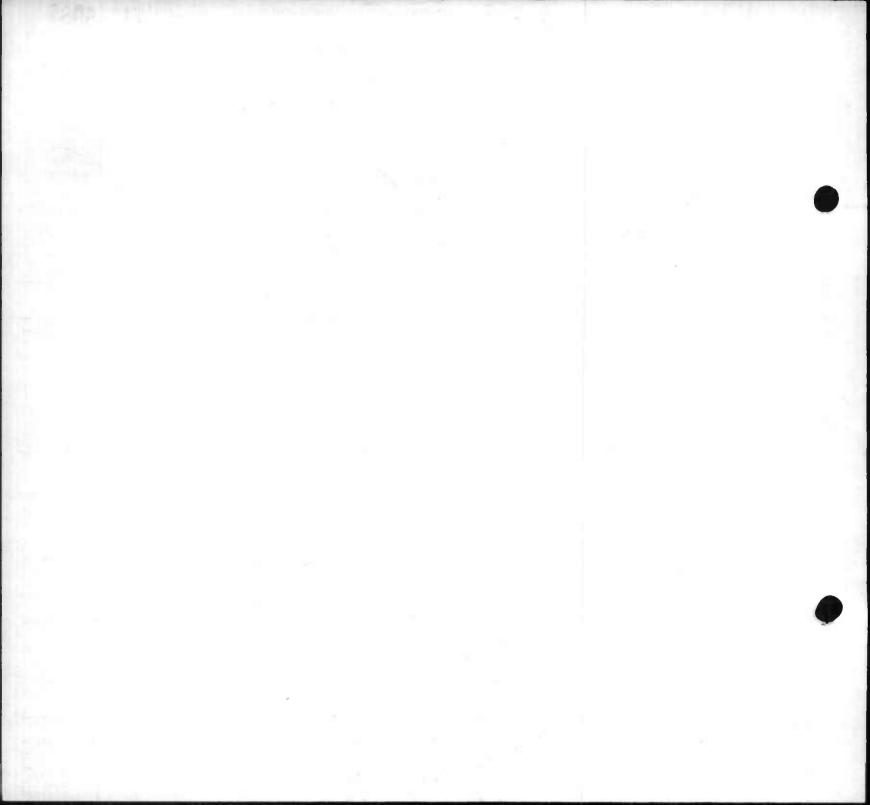
17/1 //1

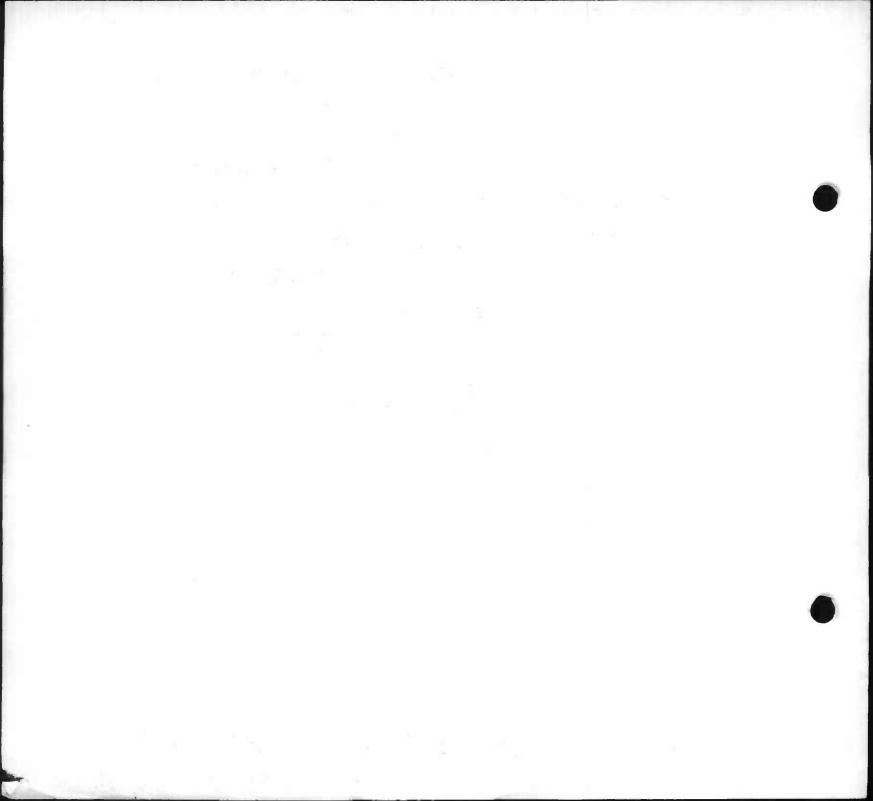
	W-06/1 71 000/	HEALTH DEPARTMENT	REG. NO	71 8984		
	NAME OF DECEASED		ND HOUR OF DEATH			
	Type or Print MR. Louis J. Della Pistra		- 4	55 sing.		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. II institution: residence before admission)  A. STATE  B. COUNTY  C. CITY OR TOWN  D. INSIDE CITY LIMITS?				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					
2	/ Bon Secous Hospital Forgeth + Porlar hi Str., Balto, Md 2/223	Baltimore		YES NO T		
31	Forgeth + Porlas for Str., Bally, Md 2/223	E. STREET AND NUMBER				
		3504 E. Pratt St.				
	Male W. WIDOWED DIVORCED	8. DATE OF BIRTH  // - 14 - 2 Z	9. AGE (In yours lost birthdoy) 49	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		
	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)  But worker  But worker	11. BIRTHPLACE (Stote or love	gn country)	12. CITIZEN OF WHAT COUNTRY?		
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME			
	Ballentine Della Pictra	Many Signa	reilli			
1	5. Was Doceased Ever In U. S. Armed Forces? (os,no or unknown) (II yes, give wor or dates of sorvice)  16. SOCIAL SECURITY NO.	17. INFORMANT	4	ADDRESS		
	No 215 10 6081	From the for	mt shut of a	chant.		
1	18. CAUSE OF DEAT	H	1	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a . L	0.00	BETWEEN ONSET AND DEATH		
	(This does not meen the mode of dyling, e.g., heart foilure, osthenio, etc. it means the disease.	A CONSEQUENCE OF?	arline	more than /2 day		
	injury or complication which caused death.)  ANTECEDENT CAUSES					
		A CONSEQUENCE OF:	****************			
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.		an.	enknown.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
	104	20A. AUTOPSY? IVos or No	) 20B. IF YES. WERE	FINDINGS CONSIDERED		
	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED Thoracc centuris	Yer	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
11:	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of DEATH (notify modical examiner)	or obout 21 C. WHERE DID		e City, give exoct location)		
	21D. TIME (Month) (Doy) IYear) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
1	(APPROX.) While At Not While Work At Work					
		ot 14-19	9 71 to Sept	2 4 19 7)		
	that (1) (we) last saw the deceased alive an 9-23		7	nfon death accurred on the dote		
and have and from the causes stated abave. (1) (We) (did) (did nat) view the body after death.  23A, SIGNATURE  Malione Yruganyyn . Med. Director Phys. 9-24-71						
2	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF CREMETERY OF			y, town, or county) (Stote)		
7	Burial 9/27/71 OakLawnene	Tery B	alto. He			
2:	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS .		
	150-REV 1/18	19 CLADIUMI	V CTUD. OX	763 S. CONKLING ST		



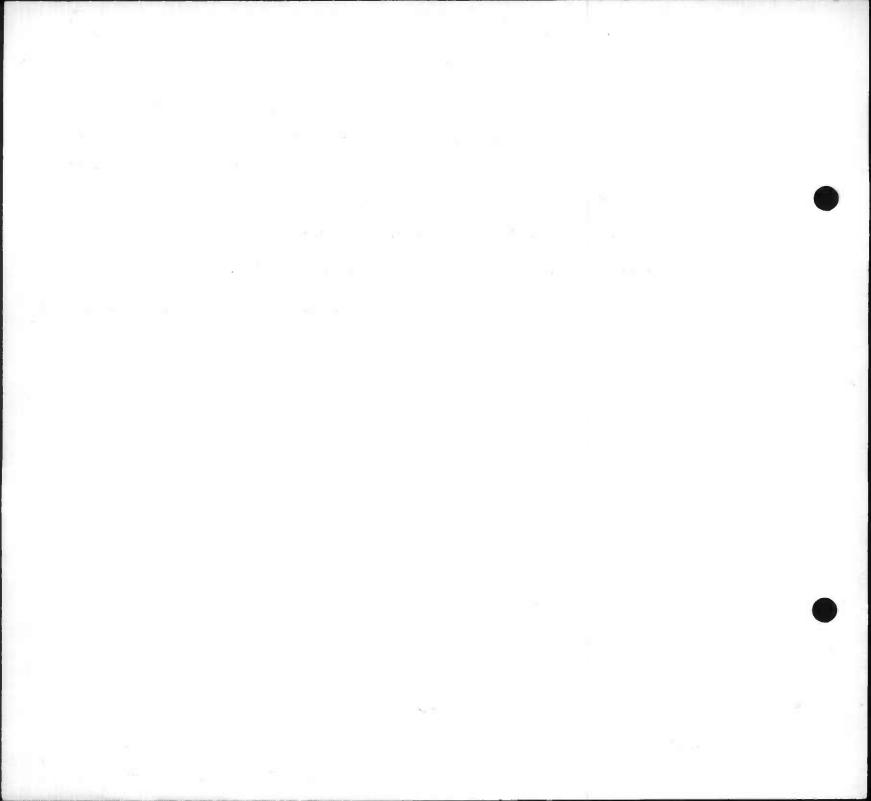
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	V -				BALTIMO	RE CITY	HEALTH DEPART	MENT		71	0805
	-/52 TH NO.	7	L 88	85	CERTI		TE OF DE		REG. NO	V	8800
	Pe or Print)	EASED K	AVAN	ACOH	MIC	c D	NNIE	DATE AND	HOUR OF DEAT	Н	6/20/-1
3.	PLACE IN BAL					//	4. USUAL RESIDE	NCE IWhere	deceased lived. II	institution: resid	dence before admission)
FU	LL NAME OF SMTAL OR STITUTION	(IF NOT	IN HOSPITAL	OR INSTITU	TION, GIVE STRE	EET	C. CITY OR TOWN	B. COUNTY	0	ISIDE CITY LIMI	202
	CHURC	'H M	OME	AND	Huspi,	TAL	BACT E. STREET AND N			YES D	ио 🗌
5. 1	EX	6. RACE	17		7		8. DATE OF BIRTH	6,000		TREET	
	Z8F	W	/	WIDOWED			2-18-		AGE IIn years st birthdoyl	H Under 1 Months D	Tr. II Under 24 Hrs. Min.
10A	USUAL OCCU	PATION (Give	kind of work 1(	B, KIND OF	SUSTNESS OR IN	DUSTRY	11. BIRTHPLACE IS	late or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?
	House to	At Re	til fai	to win	ter		MARYO 14 MOTHER'S MA	AND			U.S.A
13.	FATHER'S NAM	P	KAUD	NAG	H		14 MOTHER'S MA				
15.	Was Docoased	Ever in 11. S	-		6. SOCIAL		M M	ey_	BRAU	in	
(Ye	Was Deceased i, no or unknown)	lif yes, give	war or dates	of service)	218-50-	5531	JUSEPH /		16 M 200		DDRESS
_	18. 44	. 9			CAUSE OF	-					APPROXIMATE INTERVAL
		E OR COND		CTLY			1.	10	,	O BET	WEEN ONSET AND DEATH
	(This does no	LEADING TO	mode of d	ying, e.g.,	(A) IMMEDI		SE MYOCA CONSEQUENCE O	sline	infare	hon	didding to anno on nor anno aggs
	heart failure, a	osthenia, eic.	. It means th	e diseose,	00510	, OR AS A	CONSEQUENCE	r:			
		NTECEDENT			(0)						
	DISEASES O	R CONDITIO	ONS, if an	y, giving	(B) DUE 10	OR AS	A CONSEQUENCE	OF:			**********************
	rise to the UNDERLYING	CONDITIO	iuse (A) s V last,	tating the	(c)	lle	nseleve	is.			
7		11			2		1	0			
CERTIFICATION	OTHER SIGNIFIC	BUT NOT RE	ATED TO THE	TERMINAL	Se	ich	and Vas	enlar	insalle	ing	
FICA	DISEASE OR CO	OPERATION	19 CONDI	TON FOR WI	HICH OPERATIO	N	20A. AUTOPST?	(Yes of No)	208. IF YES WERE	FINDINGS CO	NSIDERED
ERT	23.4. 4.00(0.00)	2 10 45 1115	WAS PERFO				Kepu				
CAL	21A- ACCIDEN OR CONTRIBUT DEATH (notify	MAS UND	SE OF	21B, P home, elc.)	form, factory, s	treet, off	or about 2 C. WHE ce bidg., KIJURY O	CCU K?	(If In Boltim	ore City, givo e	ract location)
MED	OF INJURY	iMonth) IDo	y) (Tear) (		NJURY OCCUR			DID INJUR	Y OCCUR?		
	IAPPROX.			While Work	<u> </u>	lot While t Work		***************************************		_ /	/
					deceased from		9-7-71	. ,		9/25/	7/19
	that (I) (wa)				/	6/71			in (my) (am) op	inían deoth c	occurred on the date
	23A. SIGNATUS		uses stated	above. (1)	(qid) ( <b>484</b>	चादा) vi	ew the body afte	r death.			
	7. 8	Sac X	ama	20 1			ding Med.		eff D	23 B. DATE S	191151
	23C. PHYSICIAN	(°S	7	\$	Z DEGI		3D. ADDRESS	ior La Phi	ys, L.M.	/	26/11
	T. S.	REE X	AMAR	NURTI	44.	DEGREE	CHURCH.	Home	E AND	HOSI	OTAL.
24A	REMOVAL IS	ATION, 248, ecify)	DATE	24C.NAA	AE of CEMETERY	or CRE	MATORY	24D. LOC	ATION 10	ity, town, or co	ounty) (State)
75.4	BURIA	U G	1/29/7	HO	Y REL	BE	MER CEN	4. 443	30 BELA	ir RO	BOLTO MO
437	SEP 27	1971	Jaber &	JAMES!	A D. O	0 0	25C. FUNERAL	B. B. BOS	INC 1800	E LOM	BARD ST
100	150-REV. 1/1/6	8						6.3			





] = 2 = 5	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 71 8987
5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. NAME OF DECEASED (Type or Print) STRIPPY, NORMAN) 2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH
(5) Dec ance o death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission)  A. STATE  B. COUNTY  FULL NAME OF ITEM HOSPITAL OR INSTITUTION, GIVE STREET  Maryland  Baltimore
se; end to	C. CITY OR TOWN D. INSIDE CITY LIMITS?
buting ned cau ilar att d prior ade.	E. STREET AND NUMBER
contributing fermined ca regular at teased prior	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Doys Hours Min.
Undete	10A. USUAL OCCUPTION (Give kind of working life, even if refired)  Noving Storage Bus. Maryland  12. CITIZEN OF WHAT COUNTRY
direct or c 1; (4) Undet th was in on the dec	13. FATHER'S NAME  late Otto Strippy  late Annie E.
9 9 9	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.
o, if t fany nced endan d or fi	DISEASE OR CONDITION DIRECTLY  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE Cardiac Failure  DUE TO, OR AS A CONSEQUENCE OF!
exar (3) A in wh in re	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving isse to the obave cause (A) stating the UNDERLYING CONDITION (ast.  (B)  DUE TO, OR AS A CONSEQUENCE OF:
medical dy burns; physicia cian was he remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
Sod sich the	198. CONDITION FOR WHICH OPERATION 208. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ital by e; (2) B vhere t No phy before	OR CONTRIBUTING CAUSE OF home, locally, street, office bldg. INJURY OCCUR?
ne nospital by ny nature; (2) E except where i and (6) No phy btained before	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work
5 in c	22. I certify that (I) (this haspital) attended the deceased from 9/25 19 1/21 to 9-2.5 19 2/25 that (I) (we) lost sow the deceased alive on 9-25 19 2/25 and that In(my) (our) opinion death occurred on the date
ident ident hospit o deat must	and hour and fram the couses stoted abave. (1) (We) (did) (did nat) view the bady ofter death.  23A. SIGNATURE  Attending Med. Stoff Co.
y was rei	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  Director LI Phys. XI 725 1971
2.0.A.	MASAHIRO SUGAWARA M.D. DEGREE BON SECOURS HOSPITAL BOSTO, Mol. 21227  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)
shows: (1) was D.O. deceased written ap	Burried 9/29/71 Loudon Park Cemetery Baltimore, Maryland  25A. DATE RECTO BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  WYTZKE, 1630 Edmondson Avenue 21228
1	VS 150-REV. 1/1/68

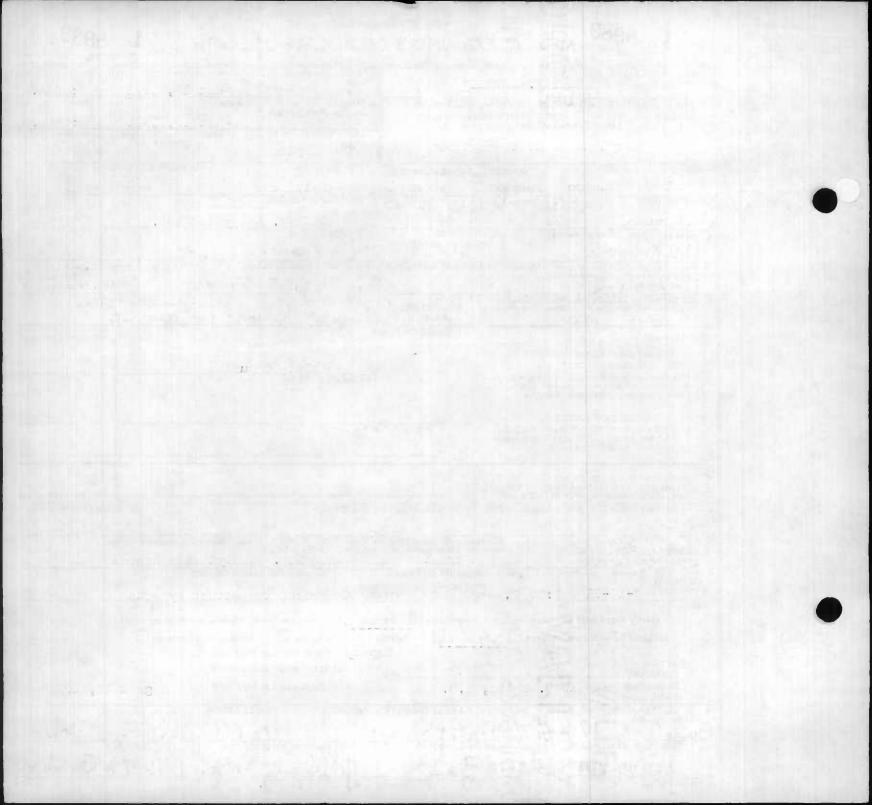


11	/			BALTIMORE CITY	HEALTH DEPARTMENT	ter.	
1	-10	0 71	8888	CERTIFICA	TE OF DEATH	REG. NO.	8988
1.1	RTH NO.	ECEASED	0000	CERTIFICA			
(Ту	pe or Pantl	ene B. Lappe,	Sr.			eptember 25,	1971 12 naon m.
3.	PLACE IN BA	ALTIMORE MARYLAND. W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in-	stitution: residence before admission)
EII	ILL NAME O	E UE NOT IN LIBERY			Maryland	YTNL	10011
HO	OSPITAL OR STITUTION	ADDRESS OR LOC.	ATION)	UTION. GIVE STREET	C. CITY OR TOWN	D INICI	DE CITY LIMITS?
1		CI4 4 77			Baltimore	D. INSI	YES X NO
	40	St. Agnes Hos	pital		E. STREET AND NUMBER		NOU
	10				723 Brinkwoo	d Road 21229	
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthdoy)	II Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
	Male	White	WIDOWED		8/193	no	Months Days Hours Min.
don	. USUAL OC	CUPATION (Give kind of world world)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or Id	oreign country)	12. CITIZEN OF WHAT COUNTRY?
I _		Foreman	B& (	O. R.R.	Maryland		USA
	FATHER'S NA				14. MOTHER'S MAIDEN N	AME	ODA
	late	Charles			late Cath	erin <b>e</b>	
15.	Was Decease	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	erine	ADDRESS
(16:	s, no of Unknow	vn) (If yes, give war or date	s of servicel	SECURITY NO.	Mrs. Etta Lar	ne 723 Brinl	wood Road 21229
-	18. // /	A 52		CAUSE OF DEATH	-	700 127 222	
	and I	ASE OR CONDITION DI	PECTLY	CAUSE OF BEAT	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH	T. C. I. C.	(A)IMMEDIATE CAU	· Mossius	Conona	
	(This does	not mean the mode of , osthenio, etc. It means	dying, e.g.,		CONSEQUENCE OF:		7
-	injury or co	emplication which coused	deoth.)		1 1		
		ANTECEDENT CAUSES		101 Deel	elsion.		
	DISEASES	OR CONDITIONS, IF	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*****************	
	UNDERLYIN	he above couse (A)	stating the	10 H.	S. C.V.D.		
		11		(0)			***************************************
NO	OTHER SIGN	IFICANT CONDITIONS COL	NTRIBUTING				
AT	DISEASE OR	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	T 1 (A).				*********
IFIC	19A.DATE O	F OPERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE FI	NDINGS CONSIDERED
CERTIFICATION	21 A. A.CCIDI	ENT WAS UNDERLYING	(0) 0	N			
	OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF y medical examiner	home	PLACE OF INJURY (e.g., in a form, foctory, street, offi	or about 21 C. WHERE DID	(if In Boltimore	City, give exact location)
U							
MEDI	21D. TIME OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED  Re At   Not While	21F. HOW DID I	IJURY OCCUR?	
	(APPROX)		Worl	k LJ At Work			
	22. 1 certify	y that (1) (this hospital	ottended th	e deceased fram	***************************************	1969 to Sel	0 25 1971
	that (1) (we	) last saw the decease	d allve an	Sep. 25	19 <u>7/</u> and	hat In (my) (aur) apin	an death accurred an the date
	and haur or	nd fram the causes stot	ed obave. (1)	(We) (did) (did nat) vi	ew the bady after death		
	23A. SIGNAT	URE		// .			238, DATE SIGNED
		Francley	1 tonke	DEGREE Phys.	ding Med.	Staff Phys.	9.27.71
	23 C. PHYSICI NAME (	AN'S Type)		DEGREE	D. ADDRESS	,	
		tanley Ankudas	M.D.		1101 Maiden	Choice Lane	
24A	BURIAL CR	EMATION, 248. DATE (Specify)	24C. NA	ME of CEMETERY OF CREA	AATORY 24D.	LOCATION (City	, town, or county) (State)
	rial	9/29/7:	l N	lew Cathedral		Baltimore, Ma	•
25A	DATE REC'I	D BY HEALTH DEPT.	258 NAME, O	F REGISTRAR	25C, FUNERAL DIRECTO	R	ADDRESS
	SEP	27 1971 Pas	8 E. Ja.	Re Non O		30 Edmondson	
VS 1	150-REV. 1/1.	/68			J. 3		

. A 9 W

71 8989 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 71 8989

BIR	TH NO.		MILD	ICAL	. LA	AMIIATK 2	SEK I II I	CAIL OI	DLAII	REG. NO		
1. 1	NAME OF DEC						2. DATE	Known DX	Month	Day	Year	Hour
(lyp	e or Print)		BETTY 1	1. TO	WSE	ND	OF DEATH	Estimoted	August	17. 1	971	8:00 A.M.
4. F	LACE IN BAL	TIMORE, MA	ARYLAND, W	HERE P	RONOL	JNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
HO:	NAME OF	(IF NO	TIN HOSPITA	L OR INS	OITUTIO	N, GIVE STREET		UNCED DEAD	August			8:00 A. M.
4	1.4 1000	Maryla	nd Gene	eral	Hosp	pital	A. STATE	Maryland		. COUNTY	an: residence	03
6. 5	EX	7. RACE		8. MARI	RIED [	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS?	
1	emale	Ne	gro	WIDOY	WED [	DIVORCED [		Baltimore			YES E	NO 🗆
7.0	MENOU		lost birthdo			er 1 Yr. If Under 24 Hrs. s. Doys , Hours , Min.	E. STREET	1600 W. L	afavett	e Ave.		
11.	BIRTHPLACE (S		1		12. CI	IZEN OF	13. FATHER		arayett	C AVE		
	Unkn	own				HAT COUNTRY?	Un	Knows	- BUB	W A	- 4	A
done	during master w	vorking life, ev	re kind of work ren If reil red)	I4B. KINI	OF BU	USINESS OR INDUSTR	Mis. MOIH	PARIDEN NA	Welson	. 1	GU	Carlos St
ió. (Yes	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5?	SECURITY NO.	18. INFOR	MANY 1.10.	Ofu	- ami	ADDRESS C	ldg.
	19.	/	10		_	CAUSE OF DEA	TH	well with	040	Culai	A	PPROXIMATE INTERVAL
	2-8	15/1	1			GROOT OF DEA					BETY	WEEN ONSET AND DEATH
		E OR COND LEADING TO	OTION DIRE	CILLY								
			mode of dy	ing, e.g.,			AS A CONSE	Itiple in	juries			
	heart loilure	, osthenia, etc	. It meons the	disease,		DUE 10, OK	MS A CONSE	ROENCE OIL				
		NTECEDENT				(B) DUE TO, OR	AS A CONIC	OUTLIEF OF				
	RISE TO THE	E ABOVE CA	ONS, IF ANY	GIVING		DUE 10, OK	AS A CONSE	QUENCE OF				
Z	UNDERLYIN	AG CONDIT	ION LAST.			(c)						
읩			II									
<u>ک</u>	TO THE DE	ATH BUT NO	NDITIONS CO	THE TERA	AINAL							
=			GIVEN IN P			THOU ADEC ATION W		.50			101 4117	
Ö	ZUA. DATE OF	POPERATIO	N 208. COP	MOIIION	FOR W	HICH OPERATION W	AS PERFORI	VED				Yes or No)
MEDICAL	UNDERLYING		ITRIB-		22B. Pt home,	ACE OF INJURY(e.g., farm, factory, street, office Street	in or obout to bidg., etc.)	NURY OCCUR?	(if in Baltimore	City, give	xact location)	1703
Σ			Doy) (Year	) (Hou	r)  221	E.INJURY OCCURRED		22F. HOWDID IN			venue	
	OF INJURY (APPROX.)	9167	1 2.1	O D	W		WHILE X	D 1		1 1		
	23.	8-16-7	1 2:1	LO P	m. wc	ORK L AT W	VORK X	Pedestria	n struc	k by a	uto	
	1 cert	Ify that I h	eld on 1	nguiry		Inspection Au	tapsy V	and that on	his basis, a	death in m	y opinion	
	resul	ted febra t	Iatural cou	ses []	Ac	cident V Suick	-	omicide 🔲	Undetermin		-	
		Itin	11 0	1	1	_		CHIEF MEDICAL		X	_	
	ACTUAL		SNIL	118	76	7	ASS	ISTANT MEDICAL		ñ		DATE SIGNED
	SIGNAT		rnor II	Cni	6-	M.D	).	OCIATE MEDICAL		- A.	1 ·	7 1071
	NAME (1	Type)	rner U	Spi	043	M.D.	M330	JUNIE MEDICAL	DOMINACK	Au	gust 1	7, 1971
	BURIAL CRE	MATION,	248. DATE	+	24C	NAME of CEMETERY	or CREMAT	DRY 24D.	LOCATION	(City, to	wn, or county	(State)
C	MOVAL (Speci	ny)	9/241	71	17	nt. Colum	4	DA.	uno are	indel	Co.	mol.
25	. DATE REC'D	BY HEALTH	DEPT.	258. P	NAME C	OF REGISTRAR	25C.	FUNERAL DIRECT	OR		ADDRESS	- 1
1		-		1 - 0	7.	// W.N.	VWI	-N/ -	0 0		1 nak	(1)



IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT REG. NO.71 CERTIFICATE OF DEATH of death Deceased the Such and BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH Marie Bailey (Type or Print) BAILEY) 9-25-71 E o hospital death. A. STATE
Baltimore, Md. 306 S. Lehigh St. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED GEAD GNCO rect or contributing cause (4) Undetermined cause; (5) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **FULL NAME OF** HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 0 Baltimore, Md. Mercy Hospital prior E. STREET AND NUMBER 306 S. Lehigh St. occurred disposition is made. in regular 9. AGE (In years lost birthday) 6. RACE 8. DATE OF BIRTH 5. SEX 7- MARRIED NEVER MARRIED deceased Female White WIDOWED DIVORCED IOA USUAL OCCUPATION (Give kind of workings, KIND OF BUSINESS OR INDUSTRY 1) 1. BIRTHPLACE (State of foreign country) death done during most of working life, even if refired) Baltimore Housewife At Home Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME or his assistant if Arthur Heath Mannie Gabler death HO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT & SOCIAL or final SECURITY NO. attendance John F. Bailey: 306 S. Lehigh St., Balto., Md. NONE No fracture of any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: regular who ANTECEDENT CAUSES are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the .= physician UNDERLYING CONDITION last before the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). any nature; (2) Body 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 6 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, factory, street, office bidg, iNJURY OCCUR? etc.) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exact location) where he body was released to the hospital No MEDICAL DEATH (notify medical examined obtained 210. TIME (Month) (Day) (Year) IHoud 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY While At [ (except Not While (APPROX.) pup Work 22, I certify that (1)(this hospital) ottended the deceased from..... eath); that (1) (we) lost sow the decessed alive on 19 .....ond that in (my) (our) opinion death occurred on the date pe of hospital must ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. An accident 23A. SIGNATURE cortificate must O Attending [ Med. Director Shoff VZ 0 deceased prior to written approval Phys. 8 23C. PHYSICIAN'S 23 D. ADDRESS + NAME (Type) 05 171 Mercy D.O.A. shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, town, or county) REMOVAL (Specify) 7225 Eastern Blvd., Ba.Co., Md. Burial 9-29-71. Oak Lawn Cemetery SID 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 6224 Eastern Ive. 3 Balto . 21224.Md. VS 150-REV. 1/1/68

Lehigh St.

If Under 1 Yr. If Und

23 B. DATE SIGNED

NO

12 CITIZEN OF WHAT COUNTRY?

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

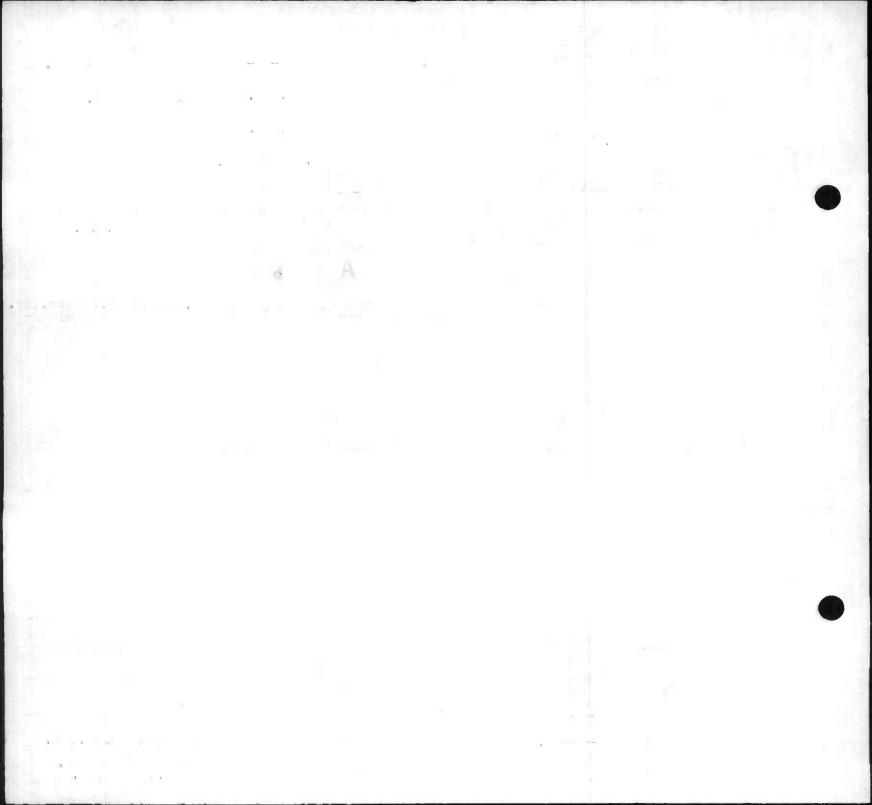
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Years

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If Under 24 Hrs.

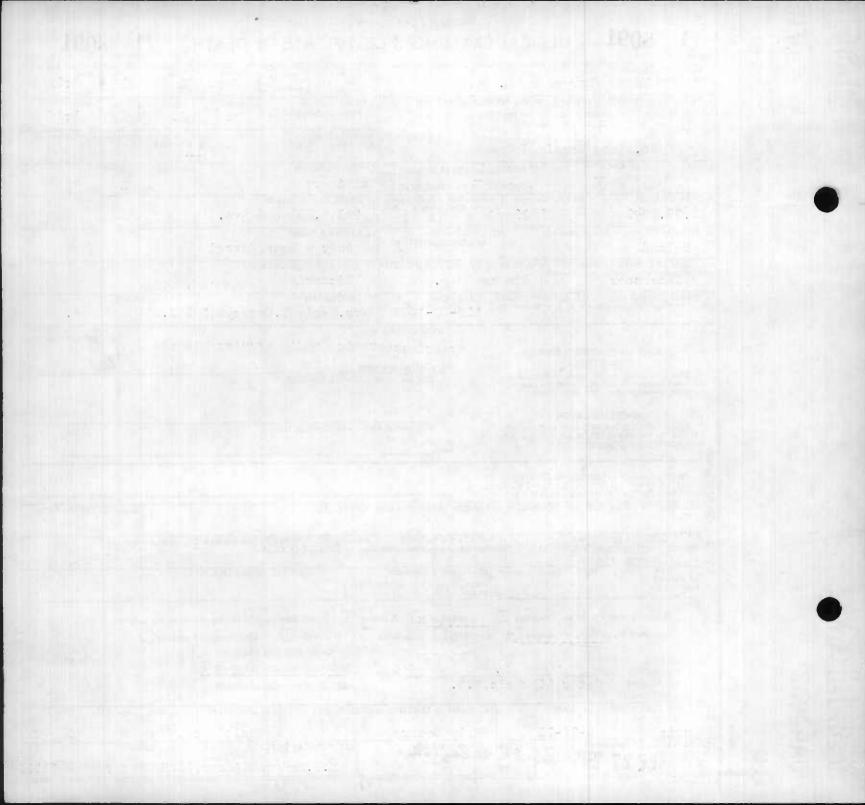
YES X



- 6		BALTIMORE CITY HE	ALTH DEPARTMEN	IT .			
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BIRTH NO.					REG.	NO	000~
1. NAME OF DECEASED (Type of Print) MARIE (Maryan	na) L.	ADAMSKI	OF .	imoted [	Sept 23	197	1 1:45 A
4. PLACE IN BALTIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	3. DATE		onth Doy		ear Hour
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOC	TAL OR INSTITUTE	UTION, GIVE STREET	PRONOUNCED		9 23		71 1:45 A
40 St.Agnes Hospi			A. STATE		B. COU		102
6. SEX 7. RACE	8. MARRIE	D NEVER MARRIED	C. CITY OR TOWN	4	D. INSI	DE CITY LIM	ITS?
F W	WIDOWE	DIVORCED [	Baltomore			YES S	NO 🗆
9. DATE OF BIRTH 10. AGE lost birtho	(in years oy) 73	Under 1 Yr. II Under 24 Hrs. onthis Doys Hours Min.	E. STREET AND N 201 S.E1		/e.		
11. BIRTHPLACE (State or lareign country) Poland	12	CITIZEN OF WHAT COUNTRY SA	13. FATHER'S NAM Andrew	<b>NE</b> Lewandov	vski		
I.4A.USUAL OCCUPATION (Give kind of wor	HI4B. KIND C	F BUSINESS OR INDUSTRY	15. MOTHER'S MA	IDEN NAME			
done during most of working life, even if retired Inspector	Tin o	an Mfg.	Victori	a sk	ierkows	lri	
16. WAS DECEASED EVER IN U.S. ARMI		17. SOCIAL	18. INFORMANT	DIC.	LEIROWS	ADDRES	\$
(Yes, no or unknown) (II yes, give wor or dote no	s of service)	218-05-1678	Mrs.Marie	T.Dames	syn,201 S		-
19. 4/241		CAUSE OF DEAT					APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIR LEADING TO DEATH  (This does not meen the mode of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	lying, e.g., ne disease, eoth.)	(A) IMMEDIATE CONTROL TO, OR A		OF:			
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OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN  20A. DATE OF OPERATION 20B. CO	O THE TERMIN	IG AL					
20A. DATE OF OPERATION 20B. CO		OR WHICH OPERATION WA	S PERFORMED			21. A	UTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	22 ho	B. PLACE OF INJURY(e.g., me, farm, factory, street, office	in or about 22C. WH bldg., etc.) INJURY	IERE DID (If In OCCUR?	Baltimore City, gi	ve exoci locat	on)
22D. TIME (Month) (Doy) (Ye OF INJURY (APPROX.)		WHILE AT WORK AT W	WHILE	W DID INJUR	Y OCCUR?		
23. I certify that I held an	inquiry 🔲	Inspection Aut	topsy and	that on this	basis, death is	n my opinic	on
ACTUAL SIGNATURE	USOS TE	Accident Suicid	CHIEF A	MEDICAL EXAM		ner 🗀	DATE SIGNED
EXAMINER'S Peter 1 NAME (Type)	ipkovi	c,M.D.		MEDICAL EXAM	AINER 🗌		
24A. BURIAL CREMATION, REMOVAL (Specify)		24C. NAME of CEMETERY	or CREMATORY	24D. LOC		, town, or co	unty) (Stole)
Burial 9-28-7	1258, NA	Holy Rosary	25C. FUNERA		ltimore,M	ADDRES:	5

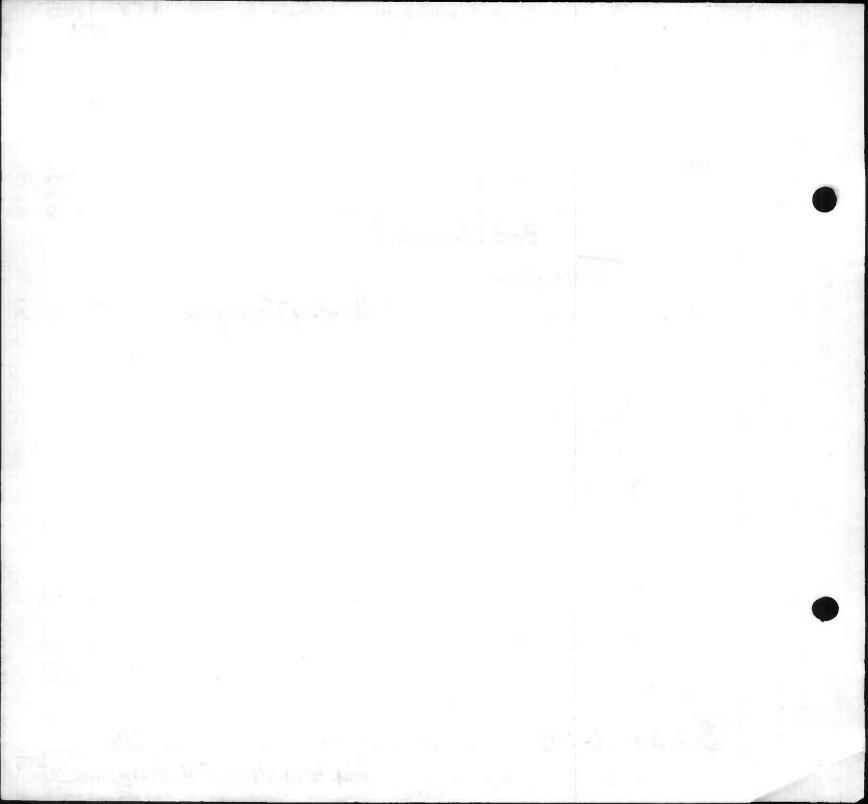
VS 151-REV. 1/1/68

M.F.Sadowski&Sons,1808 Eastern Ave,21231

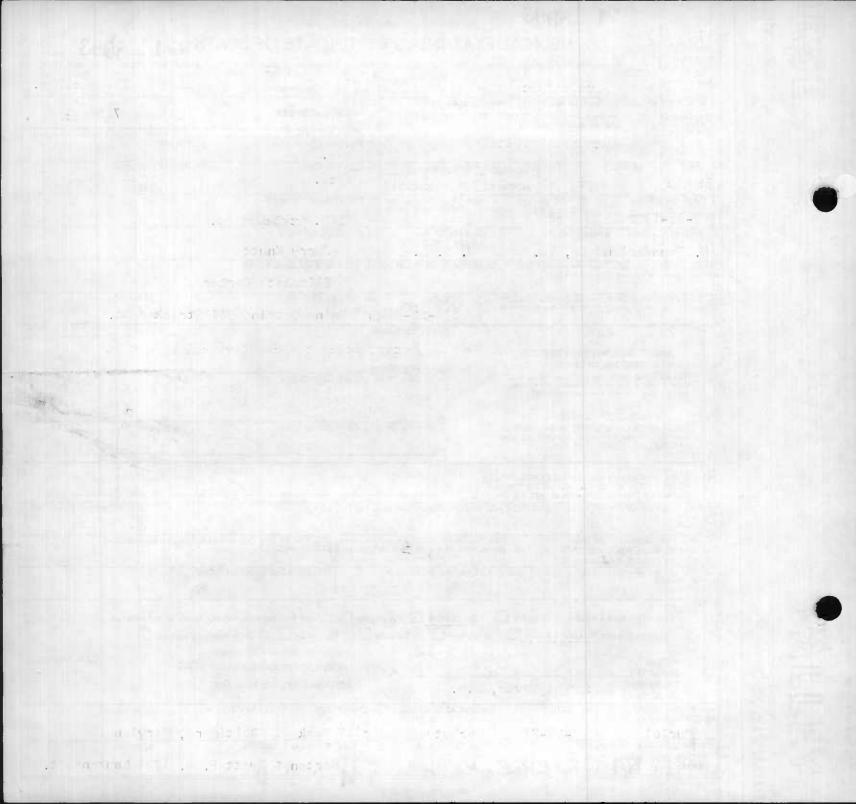


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	JS L	ם מ	at a	ior	written approval must be obtained before the remains are embalmed or final disposition is made.	
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T	1 =12				BALTIMORE CITY	HEALT	H DEPARTMENT	Т				
8	T-5/2	71	8992		CERTIFICA	TE C	F DEATH	H	REG. NO.	71	8992	
	NAME OF DECEASED						2. DATE	-	UR OF DEATH			
1	In	Thomps				11		9/30	171		2:4	3 AM.
3	PLACE IN BALTIMO	RE MARYLAND,	WHERE PRO	NOUNCED	DEAD	A. STA	AL RESIDENCE ()	Where dece OUNTY	eased lived. If in	stitution: re	esidence before	admission)
	TULL NAME OF (	IF NOT IN HOS	PITAL OR IN	אסודעדודא.	GIVE STREET		cryland -	- Ba	Himore			301
	NSTITUTION					C. CITY	ORTOWN		D. INS	IDE CITY L	/ _	1
1	2		_		1	E. STRE	ET AND NUMBE	R		YES	NO L	
	South Bal	timore	Gener	ral t	taspital	72	7 Druid	Lai	ce Drive	e		
5.	SEX 6. RA	CE	7. MARR	IED NE	VER MARRIED	8. DATE	OF BIRTH	9. AGI	(In years	If Unde Months	Doys Hours	der 24 Hrs. Min.
	1.1	10	WiDOW	200	DIVORCED	10	22/90	5	31			
	OA. USUAL OCCUPATION one during most of working			OF BUSIN	ESS OR INDUSTRY	8				12. CITI	ZEN OF WHAT	
	1	sorker	Bet	Fleh	em Stea	No	inth Ca	rolin	٥_		U. S. 1	Α,
	FATHER'S NAME	4				1	THER'S MAIDEN					
	Charlie	1 1000	nose	N		1	flice t	1011				
1: (Y	. Was Deceased Ever i es, no of unknown) (If ye	a U. S. Armed s, give war ar d	Forces? lates of service	e) 16. SC	CIAL CURITY NO.	17. INFC	RMANT	/			ADDRESS	
	unknown				0-10-47796	10	PART	thouse	POSAW-	441	0111	LIND
1	18.	X 1			CAUSE OF DEAT	Н		TICKE	1		APPROXIMATE	
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	(This does not me			l.C.	(A) IMMEDIATE CAL	ISE TO	ostatre.	Ca-	metasta	31210	750	jears
ı.	heart failure, asther	nia, etc. ii mea	ns the disec	se,	DUE IO, OR AS	A CONSE	QUENCE OF					
		CEDENT CAUS								1		
ľ	DISEASES OR CO		= 7	ina	DUE 10, OR AS	A CONS	EQUENCE OF:		*************			*********
	rise to the abounderstying Col	ve cause (/	4) stating	ihe								
1	ONDERENING CO.	11	<u> </u>		(c)			*********	***********			
la	OTHER SIGNIFICANT											
N. C.	TO THE DEATH BUT	ION GIVEN IN F	ART 1 (A).		***************************************							
EPTIEIC ATTOM	19A. DATE OF OPER	ATION 198 C	ERFORMED	OR WHICH	OPERATION	20 A.	AUTOPSY? (Yes or	No) 208.	IF YES, WERE I	FINDINGS USES OF	CONSIDERED DEATH?	
8	21A, ACCIDENT WA	S UNDERLYING		21 B. PLACE	OF INITIBY (e.g.	n or obou	21C. WHERE DIE		It to Rollings	a City abu	exoct lacation)	
=	OR CONTRIBUTING DEATH (notify medic	al aveniand .		home, form	OF INJURY (e.g., i , lactory, street, of	fice bldg.		t?	fit in bollmon	e City, give	o exoci ideditanj	
O TO SA	21D.TIME (Mon	th) (Doy) (Yes	(Houd)	215 IN 1118	Y OCCURRED		NA.	hiller C	CCUM			
2	OF INJURY	an tooy, tro	(**********************************	While AL	Not While	0	ZIII. HOW DID	INJURT O	CCOR			
				Work L	At Work							
	22. I certify that (	(i) (this hospi	tal) attende	d the dec	eased from		mber 21	19	Lto_Se	stem	xx261	971
	that (I) (we) last								my) (aur) opii	nlon deat	h accurred ar	the date
i.	and hour and from	the causes s	tated above	o. (1) ()(e)	(did) (did not) v	lew the	body after deat	th.				
	01	PN		M-	Atte	nding	Med.	7 Shoff		1	E SIGNED	
	23C. PHYSICIAN'S	M. MO	mado	)- IN	DEGREE Phys		Director L	Phys.	4	19/2	16/71	
	NAME (Typel	1 11		La Na		23D. ADD	0	0			0.4	
24	SWYNNE CREMATIC		orwits		DEGREE	3003				Hamor	125	21309
2.	PREMOVAL (Spediy)	IGN DATE	240	June de	CEMETERY OF CHE		0, 1	LOCATIO	N Cit	y, town, o	r county)	(State)
24	DAL DATE REC'D BY HI	10-1-	11 1	TEDI	clus 1	len		AH	TIMORY	e, W	ld_	
2:	CED ON T	CALIN DEPT.	258, NAN	AE OF REGI	SIRAR	29C	FUNERAL DIRECT	TOR	4-11	in	ADDRESS	ST
1	3 150-REV. 1/1/68	SAPOR	8. F. C. V	ackber !	MAU	74	ton's	Pyel	11-H	11/01-	- NAW	iens

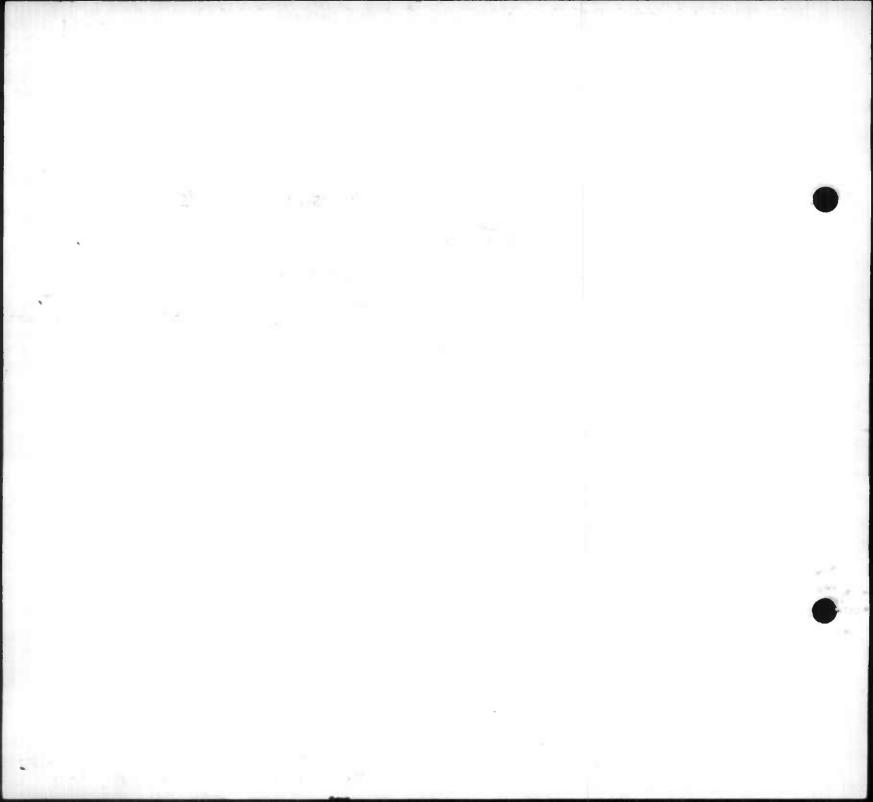


FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCAT	L OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	9 24	71 4:53 p <sub>M</sub>
Lutheran H		5. USUAL RESIDENCE (Where A. STATE Md.	deceased lived, if Institution: B. COUNTY	
6. SEX 7. RACE	B. MARRIED X NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CIT	TY LIMITS?
female Negro	WIDOWED DIVORCED	Balto.	YE	s No 🗆
9. DATE OF BIRTH ID. AGE (In loss birthday		e. STREET AND NUMBER 911 N. Stricke		
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	L DC.	
N. Thunderland Co, Va	WHAT COUNTRY?	Jerry Knut	t	
4A.USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	48. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAM Elizabeth		
ió. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dotes o NO	FORCES? 17. SOCIAL SECURITY NO 219-22-46L	18. INFORMANT 5m Delno Dotson		DRESS St.
19. 4 1 2 4	CAUSE OF DEA	TH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECT LEADING TO DEATH	(A)IMMEDIATE C	ciosclerotic card  :AUSE AS A CONSEQUENCE OF:	liovascular di	
heart lollure, asthenia, etc. It means the injury ar complication which coused dea	disease,	A CONSEQUENCE OF		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	GIVING (B) DUE TO, OR	AS A CONSEQUENCE OF:	***************************************	
O CONDITION DOI:	(c)			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL			
20A. DATE OF OPERATION 20B. CON		AS PERFORMED		21. AUTOPSY? (Yes or No)
				no
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year	228. PLACE OF INJURY (e.g., home, farm, factory, street, office	in or obout 22C, WHERE DID (e bidg., etc.)	If in Baltimore City, give exac	t location)
≥ 22D. TIME (Month) (Doy) (Year OF INJURY (APPROX.)		WHILE CORK	URY OCCUR?	
23.				
l certify that I held an Ir	970- //		is basis, death in my d Undetermined monner	
ACTUAL SIGNATURE	levitus	CHIEF MEDICAL E		DATE SIGNED
	kovic, M.D.	ASSOCIATE MEDICAL E	XAMINER	9/25/7 <b>1</b>
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATORY 24D. L	LOCATION (City, town,	or county) (State)
Burial 9-28-			Baltimore, Mar	
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO		DDRESS
SEP 27 19/1 Valent E	Jaben KD a	Morton & Dy	ett F. H. 170	l Laurens St.
VS 151-REV. 7/1/68		7 7 7 9		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

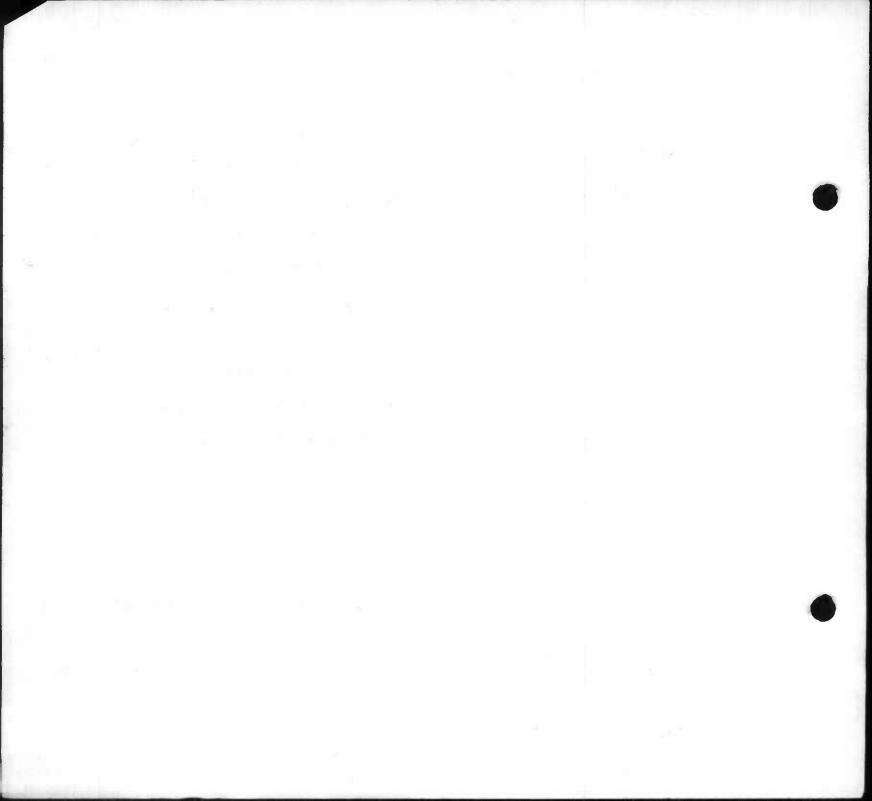
	11-40-	Y HEALTH DEPARTMENT
		ATE OF DEATH X REG. NO. 71 8994
	NAME OF DECEASED ype or Print)	2. DATE AND HOUR OF DEATH
	JAMES WALKEDMY	9/22/21 17:20 0
Ш	FLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before edmission) A. STATE B. COUNTY
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	NORTH CHARLES GENERAL HOSPITAL	E. STREET AND NUMBER 315 Inslesside Ave.
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years   Il Under 1 Ye. , Il Under 24 Hrs.
10.	WIDOWED DIVORCED A. USUAL OCCUPATION (Give kind of work) 10 B. KIND OF BUSINESS OR INDUSTRY	10-15-1895 Hours Min.
do	ne during most of working life, even if refired)	
1	Telived	VIRGINIA U.SA.
113	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	UN KNOWIN	LINKNOWN
15. (Ye	Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
	st, no or unknown) (III yes, give wor or doles of service) SECURITY NO.	P. J. CHART TOTE
	18. CAUSE OF DEAT	- Suenda lyne Dave - 5353 - umestow
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL  SETWEEN ONSET AND DEATH
	LEADING TO DEATH	(800-40-00
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11	heort failure, asthenio, etc. Il means the disease, injury at complication which caused deoth.)	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving  (B) ACTE I	14) O SCENOGIE HEARY DISEASE YE BYY.
	rise to the above cause (A) stating the	A CONSEQUENCE OF:
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<u>E</u>	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
2	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994- DATE OP OPERATION 1998. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)! 20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFICATION	WAS PERFORMED	20A-AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ü	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, form, foctory, shoot, of	n or chaut/21 C. WHERE DID
7	OR CONTRIBUTING CAUSE OF home, form, foctory, stroot, of DEATH Inotify medical examines	fice bidg., INJURY OCCUR? (If in Bollimore City, give exect location)
EDICAL		
MEI	OF INJURY	21F. HOW DID INJURY OCCUR?
	IAPPROX.) While At Work At Work	• 🗆
	22. I certify that (i) (this hospital) attended the deceased fram.	19 71 ta 9 2 7
	that (1) (we) lost sow the deceased alive an alive	19 11 ta 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19 17 19
	and hour and fram the causes stated above. (i) (We) (did) (did nat) v	
	23A. SIGNATURE	
	Atten	nding Med. Stoff 7
	Phys	Director Phys. 4
	THAT I TO A LE	23D. ADDRESS
244	BURIAL CREMATION, 1248, DATE 1240, NAME A CREMETER	NONTH CHONES GEN. HOSAME
	REMOVAL (Spoolity) 24R. DATE 24C, NAME OI CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
1	DUVIDE 19-25-71 Mt. Freburn	Cometota Kaltingto Md
25A	DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	SEP 27 1971 Robert E. Faller M. D. O.	Mostory Duett Fift 1701 - LAwden
VS	150-REV. 1/1/68	1 2 7 101 1010



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

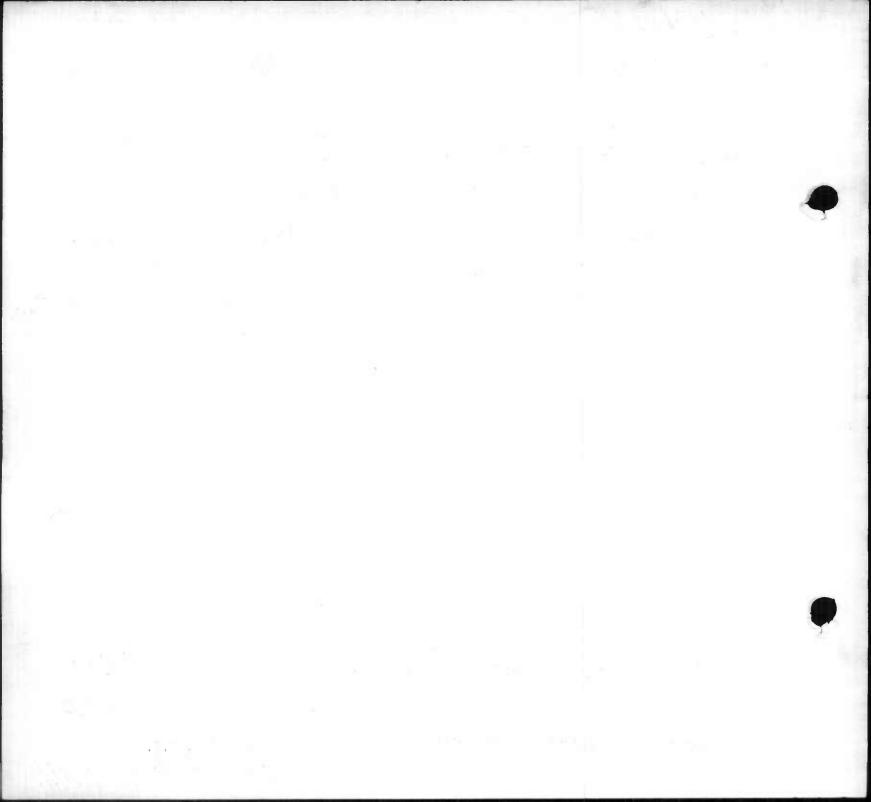
	C-600 71 8995 BIRTH NO.		TE OF DEATH	reg. No. 71	8995
	Type or Print) Carey Fanny		2. DATE AN	NO HOUR OF DEATH	11 5-26D
	3. PLACE IN BALTIMORE, MARYLAND, WHERE	NOUNCED DEAD	4. USUAL RESIDENCE IWHE	deceased lived, If institution	on: residence before odmissian)
	FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OF JOYN	D. INSIDE C	TY LIMITS?
	38 University Hospo	tal	E. STREET AND NUMBER	1 ount St	No 🗌
40	temale Negro wido		8. DATE OF BIRTH	losi birihdoyi Mon	Inder 1 Yr. If Under 24 Hrs. this Days Hours Min.
	OA, USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life; even if retired)  Domestic	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or fare	ign country) 12.	CITIZEN OF WHAT COUNTRY
	3. FATHER'S NAME	oma ck	14. MOTHER'S MAIDEN NAI	VIE LIDO	
100	5. Wes Deceosed Ever in U. S. Armed Forces? (es,no ar unknown) llf yes, give war or doles of sen	ice) 16. SOCIAL SECURITY NO.	Mr Harry Wi	llson, Same	ADDRESS
	18. 9 7/401	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	9	Decount!	Introvanula Con	71
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the disinjury or complication which caused deoth.)	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	Exmones (	3000
	ANTECEDENT CAUSES	(B) Ch	rome hive	Discara	
	DISEASES OR CONDITIONS, if any, ginse to the obove cause (A) stoling UNDERLYING CONDITION lost,	the (C)	A CONSEQUENCE OF:	olism	
4	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 [A].	NG NAL			
CEPTICIO A TOO	19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes at Na	208, IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED OF DEATH?
1	OR CONTRIBUTING CAUSE OF DEATH (notify medical exomines)	218. PLACE OF INJURY (e.g., in home, farm, factory, street, aff	ar about 21C. WHERE DID INJURY OCCUR?	(If In Baltimore City,	give exact facation)
10000	OF INJUSY  [APPROX.]  [APPROX.]  [APPROX.]	21E INJURY OCCURRED  While A! Not While  Work A! Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (1) (this hospital) attend	ed the deceased from	Sept 22 1	9 7/10 Sept	24 19 74
	that (I) (we) last saw the deceased alive	on Sept 24	19 7/ ond the	at in (my) (aur) opinion d	eath accurred on the dote
	and haur and from the couses stated above	e. (I) (We) (did) (did nat) vi	ew the bady after death.		
	181,00	Atten		Staff TO	PATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director L1	Phys. 4	1/24///
24	BREMOVAL ISpecify) 248. DATE 9/30/71	C. NAME of CEMETERY of CREA	MATORY 24D. LC	1 6	n, ar county)
	SEP 27 97 068 E. V	WEDF REGISTRAN	25C. FUNERAL DIRECTOR	Halstead 1206	ADDRESS



IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS NO C il Under 1 Yr. Months! Doys Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exect location) ...ond that in (my) (our) opinion death accurred on the date 23 B. DATE SIGNED (City, town, or county)



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	;; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	ised prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
the body was re	shows: (1) An ac	was D.O.A. at a	deceased prior	written approva	

	1 ,		s after a	BALTIMURE CITT	HEALTH DEPARTMENT	/	IN A DOM
	-632 th No.		397	CERTIFICA	TE OF DEATH	REG. NO	71 8997
(Ту		, CARRIE	ELIZAB	ETTA	SEPT	EMBER 21,	
3.	PLACE IN BALTIN	MORE, MARYLAND,	WHERE PRONO	UNCED DEAD	A. STATE B. COL	here deceased lived. If in JNTY Anne Aru	stitution: residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	TUTION, GIVE STREET	MARYLAND		COUNTY 5101
ľ	RIFI	CATE	AMI	NDED-	JESSUP	D. INSI	DE CITY LIMITS?
1	ST AGNE	S HOSPITA	L	2/1/12	E. STREET AND NUMBER	/IDO COURT	20794
5. 5	SEX 6.	RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	If Under 1 Yr. , If Under 24 Hrs.
	FEMALE	WHITE	WIDOWED	DIVORCED	03 18 99	10st birthdoyl	Months Doys Hours Min.
104	USUAL OCCUPA	ATION (Give kind of wor	HIOR KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	otoign country)	12. CITIZEN OF WHAT COUNTRY?
	Hau	king life, even if retired)	1	Jame	MARYLAND		USA
13.	JOSEPH	F. WHEELE	R	DEC ID	(HESS) FLOR		DEC 1D
15.	Was Deceased Ev	er In U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT R	CORD'S BAL	TIMORADDRESS 21229
	NO	yos, give wor or dot	es of servicer	216-32-3487-B	0 1 1 01.1.	DSPITAL WIL	KENS & CATON AVE
	18. 2 5	171		CAUSE OF DEATH		( ) /.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DI ADING TO DEATH				dial infare	± 3 hours.
	(This does not	mean the mode al	dying, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:		
		thenia, etc. It means cation which caused			o o-cer	y edema.	·
	AN	TECEDENT CAUSES	S		+ indo	ction.	+ 4 weeks.
		CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the C UNDERLYING C	above cause (A)	stating the		general con	dition	1 glas
z	OTHER SIGNIFICA	II	ANITOIGUITING		70	not	
VIIO	TO THE DEATH B	ANT CONDITIONS CO	THE TERMINAL	***********	2///	700	
ERTIFICA		DITION GIVEN IN PA					
CERI		WAS PE	REORMED	WHICH OPERATION		No. 208 IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
	21 A ACCIDENT	WAS PE	RFORMED		YES	IN CERTIFYING CAL	USES OF DEATH?
S	21 A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS PER	RFORMED	& PLACE OF INJURY (e.g., in	YES	IN CERTIFYING CAL	O City, give exoct location)
S	21D. TIME (N	WAS PER	21E hori etc.	LPLACE OF INJURY (e.g., in ne, form, foctory, street, off )	YES or obout 21C, WHERE DID ice bldg., INJURY OCCUR?	(It in Soltimore	USES OF DEATH?
CA	DEATH (notify me	WAS UNDERLYING [ NG [ CAUSE OF edicol exomine)	21E horn etc. (Hourl 21E	LPLACE OF INJURY (e.g., in ne, form, foctory, street, off)  INJURY OCCURRED  Wile At Not While	YES or obout 21C, WHERE DID ice bldg., INJURY OCCUR?	(It in Soltimore	USES OF DEATH?
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2/17/72- Social Security card for Carrie E. Freitag. Claim number 216-32-3487-B.

Birth certificate for Carrie Etta Wheeler. Born: 3/18/1899 at near Jessup.

County of Howard. Date filed: 1899.

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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s rele s rele acci nt a h	
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributinations: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined contributions D.O.A. at a hospital (except where the physician who pronounced death was in regular adeceased prior to death); and (6) No physician was in regular attendance on the deceased privatitien approval must be obtained before the remains are embalmed or final disposition is made.	
bod sows:	
A Se Se Se Se Se Se Se Se Se Se Se Se Se	i

	71 899	98		HEALTH DEPARTMEN		71	8998
BIRTH NO.	TACED.		CERTIFICA	TE OF DEAT	-		
(Type or Print)	GEORGE		ZA ISER		eptember 22,		1
FULL NAME OF	IMORE MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (	Where deceased lived If i	nstitution:	esidence before admission
HOSPITAL OR	ADDRESS OR LOCA	ATION)	TO HON, GIVE SIREE	C. CITY OR TOWN		SIDE CITY L	IMITS?
40	St. Agnes H Caton & Wil	ospita1		Catonsville	R	YES	ио 🗓
5. SEX	6. RACE			1	Farm Lane		
Male	White	WIDOWED		7-26-1894	9. AGE (In years lost birthday)		Doys Hours Min.
10A. USUAL OCCU	PATION (Give kind of work orking life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country!	12. CIT	ZEN OF WHAT COUNTRY
Farmer		Wilton	Farm	Maryland			U.S.A.
3. FATHER'S NAM				14. MOTHER'S MAIDEN	NAME		
Geor	0 -• -	aiser		Annie	M. Meeth		
5. Was Deceased   Yes, no or unknown)	Ever in U. S. Armed Fore	es? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS 21228
No			219-18-1820	Mrs. Mary G.	Zaiser, 717	Wilton	n Farm Lane
1B.	7.1		CAUSE OF DEATH				APPROXIMATE INTERVAL
	OR CONDITION DIR	ECTLY		111	T		BETWEEN ONSET AND DEATH
	I mean the mode of	dvina e.a	(A) IMMEDIATE CAU				Minutes
hearl lailure, a	sthenia, etc. Il means	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:			
	lication which caused NTECEDENT CAUSES	death.)	(0)	ASHDE	el MI	Years.	
rise to the	CONDITIONS, if a bave couse (A) CONDITION (ast.	iny, giving stating the		A CONSEQUENCE OF:	1000 may 0 ka at at 600 maang 400 maang 4		***************************************
	11		(c)	******			
TO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH NOTION GIVEN IN PART	E TERMINAL	************				
19A. DATE OF C	OPERATION 198 CONE	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF D	CONSIDERED DEATH?
OR CONTRIBUTE	WAS UNDERLYING ING CAUSE OF	21 B. hom elc.)	PLACE OF INJURY (e.g., in e, form, lactory, street, offi	or obout 21 C. WHERE DIC ce bldg., INJURY OCCUR	(II In Boltimor	e City, give	e exact location)
OF INJURY (APPROX.)	Month) (Doy) (Yeo)		INJURY OCCURRED  le At		INJURY OCCUR?		
22. i certify th	hat (1) (this haspital)			- ///	10/7	2/-	,
that (i) (we) is	ast saw the deceased	alive an	9/20/	19 <u>2/and</u>	that In(my) (aur) apli	nion deal	h occurred on the date
ond haur ond	fram the causes state	ed obave. (I	) (We) (did) (did nat) vi	ew the body after deat	h. St Apro E.		
23A. SIGNATURE	30m Av	may is	) Atten	/		238, DATE	
23C. PHYSICIAN	'S		OEGREE Phys.	Director L	Staff Phys.	3/	23/11
NAME Hyp	Adnan M.	Son	mez oegree		ck Road, Balt	imore	, Md. 21228
AA. BURIAL CREMA	ATION, 248. DATE	24C. NA	ME of CEMETERY OF CREA			y, town, or	
Buria1	9-24-71		on Park Cemete		altimore, Mar		•
SEP 27		E PLA	6 REGISTRAR	25C. FUNERAL DIRECT	obard, 4107 W		ADDRESS
C 150 DEV 1/1/40							

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C-651 MEDICA

BALTIMORE CITY HEALTH DEPARTMENT

71 8999

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH,
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BIRTH NO.			к	EG. NO		
I. NAME OF DECEASED T. (Type or Print) MARVEL CRUMP		E	Month September		Yeor Hour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED					Yeor Hour	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	STREET PR	ONOUNCED DEAD	September	22, 19	71 2:00	M.
A 'A	5. US	JAL RESIDENCE (Whe			dence before od	mission)
2706 Southern Avenue	A. STA	" Maryland	B. C.	YTAUC	117:	2 3
6. SEX 7. RACE 8. MARRIED NEVER	MARRIED TIC. CIT	Y OR TOWN	D. II	NSIDE CITY LIN	MITS?	
Male White WIDOWED□	DIVORCED 🗆	Baltimor	e	YES 🔀	NO 🗆	
	f Under 24 Hrs. E. STF Hours   Min.	2706 Sou	thern Aver	2110		
11. BIRTHPLACE (State or foreign country) 12. CITIZEN C	DF 13. FA	THER'S NAME	thern Aver	lue		
Virginia WHAICO		Thaddius	B. Cr	ump		
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS	OR INDUSTRY 15. M	OTHER'S MAIDEN NA	ME			
done during most of working life, even Mrettred)  Jeweler  Oscar Caplar		Fannie S	. Taylor			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOC	IAL 18, IN	FORMANT	· L-y LOL	ADDRE	SS	
No 217-	05-8743 Mr	Maude Cru	mp, 1819			1227
19C	AUSE OF DEATH				APPROXIMATI	
DISEASE OR CONDITION DIRECTLY	teriosclerot	ic cardiova	scular dis	sease	BETWEEN ONSE	AND DEATH
LEADING TO DEATH	A)IMMEDIATE CAUSE		81			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS A CO	NSEQUENCE OF:				
ANTECEDENT						
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR AS A CO	ONSEQUENCE OF				
RISE TO THE ABOVE CAUSE (A) STATING THE	DOE TO, OK AS A CO	DASEGUENCE OF:				
Z UNDERLYING CONDITION LAST.	c)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH O						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH O	PEDATION WAS DED	OBMED		Io.	AUTODONO (V.	
	PERAIION WAS PER	ORMED		21.	AUTOPSY? (Y	s or Noj
Z2A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	INJURY (e.g., In or ob	out 22C, WHERE DID	(II In Boltimore Cliy	, give exact loca	atlon)	
	lory, street, office bldg., e	INJURY OCCUR?				
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJUR	OCCURRED	22F. HOW DID IN	JURY OCCUR?			
OF INJURY (APPROX.)  m. WORK	NOT WHILE					
23.  1 certify that I held an Inquiry Inspect	ian X Autapsy [		this basis, deat			
resulted from: Natural causes Accident		Homicide	Undetermined m		on	
7) 1 41/	1 1	CHIEF MEDICAL		Idunet [		
SIGNATURE And Man	M.D.	ASSISTANT MEDICAL			DATE SI	GNED
EXAMINER'S Ronald N. Kornblum,		ASSOCIATE MEDICAL	EXAMINER	Septem	ber 23,	1971
	of CEMETERY or CRE	MATORY 24D.	LOCATION (	City, lown, or co	ouniy) (5	Stote)
Burial 9-25-1971 Loudo	n Park Cemet	ery	Baltimore,	Maryla	nd	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGIS		SC. FUNERAL DIRECT		ADDRES		
CED an erm Oal	~	Howard H. H				21220
VS 151-REV. 1/1/68		4-9-9-(	)	207 11210		
						-/-

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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Z	=-1175	71 00	00	BALTIMORE CITY	HEALTH DEPARTMENT	,	1 9000 %	
2	TH NO.	30	UU	CERTIFICA	TE OF DEATH	X REG. NO.	7 3000	
	AME OF DECEA	SEO <sub>D</sub>	- 1			ND HOUS OF BEATH		
(Ту	pe år Print) (	E/9/1, 8	Elsie	XXX A.	2 de p	ND HOUR OF DEATH	10:15 AM M	
3.	PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONO	UNCED DEAD	IA. STATE B. COU	ere deceased lived. If in	stitution: residence before admission)	
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Maryland		imore 5300		
IN:	NOITUTION				Baltimore	D. INS	YES NO	
	3 The	Johns Hor	okins F	Mospital	E. STREET AND NUMBER			
					5707 Arnh	em Road		
5, 5		RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday) 32	If Under 1 Yr., If Under 24 Hrs. Months: Days Hours: Min.	
	emale	White	WIDOWED		5/18/39		Womins Days Hoors Ivan.	
		TION (Give kind of work ling life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
	Housewife				Maryland		USA	
13.	FATHER'S NAME				14 MOTHER'S MAIDEN NA	ME	0.5.11	
		Mathison			Elsie Getz			
15, (Yes	Was Deceased Eve i, no or unknown) (If	er in U. S. Armed For yes, give war or date	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
				213-36-3390		Elgin, 5707	Armhem Rd. 21206	
	18. 162	/ 1		CAUSE OF DEATH			APPROXIMATE INTERVAL	
		OR CONDITION DI	RECTLY		se Cardis X	3	Name 5 mg	
	(This does not	mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	spinor 1	vitiz a thin	
	heart failure, ast	henia, etc. II means alion which caused	the disease,	DUL 10, OK A3 /	CONSEQUENCE OF			
	ANTECEDENT CAUSES Metastater Concernment fung months							
	DISEASES OR	DISEASES OR CONDITIONS, If any, giving  (B) DUE TO, OR AS A CONSEQUENCE OF:						
	tise to the d	bove cause (A)	stating the	(c)		Y		
	-	11		(~/			***************************************	
ON	OTHER SIGNIFICA	NI CONDITIONS COI	NTRIBUTING					
Y.	DISEASE OR CON	UT NOT RELATED TO THE	T 1 (A).	***************************************				
CERTIFICATI	DANDATE OF OF	ERATION 198 CON	DITION FOR V	VHICH OPERATION	NO	IN CERTIFYING CAL	INDINGS CONSIDERED	
CE	21 A. ACCIDENT	WAS UNDERLYING	218.	PLACE OF INJURY le.g., in	or about 21C. WHERE DID	(If In Baltimore	City, give exact location)	
	OR CONTRIBUTION DEATH Inotify me	dicot examiner)	elc.)	8, larm, lactory, street, ot	ice bldg., INJURY OCCUR?			
	21D. TIME (M	onthi (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCURT		
2	(APPROX)		Whi	le At   Not White				
	22. I certify tha	t (1) (this bospital			2/	10 7/ 10 800	7.12 107/	
22. I certify that (1) (this hospital) attended the deceased from 19 ta 19 ta 19 that (1) (we) last saw the deceased alive an 10 that (1) (we) last saw the deceased alive an 10 that (1) (we) and that in (my) (ow) apinion death accurred an the date								
	and hour and fre	om the causes stat	ed abave (H	(We) (did) (did not) vi			The same same same same same same same sam	
and hour and fram the causes stated abave (H) (We) (did) (dtd not) view the bady after death.  23A. SIGNATURE								
	Jany Cope Med Shoff W 9/27/21							
	23C. PHYSICIAN'S NAME (Type)	11		DEGREE	3D. ADDRESS	,	1/24/1	
		Barry Co	oper,	M.D.	The Johns H	opkins Hos	pital	
24A	REMOVAL (Spec	TION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Cit	ye town, or county) (State)	
	Burial 9-25-1071 Candons of Foth Company							
25A	. DATE REC'D BY		258. NAME O		25C. FUNERAL DIRECTOR	ltimore, Ma	ry Land ADDRESS	
5	FP 27 197	TRABE	Ja. R. T	eal, 0 0 0	Howard H. Hull	bard, 4107 V	Wilkens Ave. 21229	
VS	150-REV. 1/1/68			71				

213-36-3390